**Return to Work Criteria Checklist after Symptoms Subside**

Please fill in the required items and ☑check the following applicable boxes.

If you enter ☑ in all of the following boxes, you can return to work. Please submit this checklist to the Health Administration Center in your campus.

【Date: year/  month/ day】

|  |  |  |
| --- | --- | --- |
| Faculty/Department | Employee ID Number | Full Name |
|  |  |  |

Please check the appropriate box.

|  |  |
| --- | --- |
| □ | At least 72 hours have passed since the fever disappeared (or symptom onset if you have no fever.) without medicine which relieve symptoms, including fever-reducing medications, and symptoms other than fever (sore throat, cough, lethargy, shortness of breath, etc.) are clearly alleviated. |
| □ | I have not come in close-contact with anyone who have moved from endemic areas, over the past 7 days. |
| □ | I have not come in contact with anyone with fever or cold symptoms over the past 7 days.（except for the cases where I was using appropriate \*PPE） |
| □ | I have not been in situations such as social gatherings with drinking alcohol or long feasts in large groups over the past 7 days. |
| □ | I always wear a mask when conversing with others without distance (2m as a guide). |
| □ | I always try to avoid 3Cs: closed spaces, crowded places and close-contact settings. |
| □ | I make it a rule to wash and sanitize my hands after I touch objects many people touch. |

\*PPE: personal protective equipment

Please fill in the date when fever symptom disappeared (or other symptom appeared if you have no fever) without medicine which relieve symptoms, including fever-reducing medications.

【Date: month/ day/ 　 : time/】

＊ You are strongly advised to wear a mask at all times, wash and sanitize your hands frequently, and monitor your health condition thoroughly at least 7 days even after you return to work. After that, enter the Health Observation Report Form every day.

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Please do not write in the blanks below.

以下、保健管理センター記入欄

|  |  |  |  |
| --- | --- | --- | --- |
| 受領日 |  | 確認者 |  |
| 【体調不良連絡日・内容等】 | | | |

2023/02/24更新