Self-health checklist (for submission)

Please make sure to do the below health check before arrival and bring it to the test site.
Please refrain from taking the test if any of the items are applicable.
If none of the below item applies to you, check the box at the bottom.
If we found that the following items are applicable at the test site, we may refuse you to take the test.

☐ I have a fever. (My temperature is higher than usual.)
☐ I have sore throat and feeling unwell.
☐ I have a cough, and stuffy.
☐ I have a diarrhea.(except for chronic disease and food poisoning)
☐ I do not taste and smell anything.
☐ I have tested positive for COVID-19(or other infectious diseases stated in the Regulations on the School Health and Safety) and not cured.
☐ I met a person tested positive for COVID-19 within 14 days.
☐ I traveled abroad within 14 days or I met a person who went abroad within 14 days.
☐ Symptoms of a cold continues.
☐ The person who lives together applies to the above items.
☐ I feel sick compared to usual.

☐ None of the above applies to me.

Registration Number: _____

Name: _____