

Submitted on _____, _____, _____

Month Day Year

Mass Attendance Card

* Fill in as a family unit.

| Full Name | Date of Birth | | | Age | Today's Temp. |
|-----------|---------------|-------|------|-----|---------------|
| | Year | Month | Date | | |
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| Address | |
| Mobile Phone No. | |
| FAX | |
| Mail Address | |

- I declare the above declaration true, such as name, contact information, and body temperature.
- There are no symptoms as shown below.
 - 1. Cough and dyspnea 2. General malaise 3. Sore throat 4. Nasal discharge/nasal congestion
 - 5. Taste/olfaction disorders 6. Eye pain/conjunctival hyperemia 7. Headache
 - 8. Joint/muscle pain 9. Diarrhea/nausea/vomiting
- Within the last 2 weeks, we have not visited any countries or regions where the infection has continued to spread.

The personal information you provide will be managed responsibly by the chief priest of Tokorozawa Church and the officers of the church. It will be used for identification of virus infection routes and concentrated contacts, contact with public health centers, etc., and will be stored for a certain period of time. It will not be provided to a third party without the permission of the person himself.

I agree to the above personal information handling matters.

*After checking, please check .

(Signature)
