

# The 36th NAHA Marathon

## 【Before the marathon/for submission】 Healthcare checklist to prevent the spread of COVID-19 《For participants》

This healthcare checklist was prepared with the aim to check the health conditions of the participants in order to prevent the spread of the COVID-19 in sport events. The personal information filled in this checklist will be stored under our strict management and be utilized only to figure out your health conditions, judge whether you can participate in the marathon or not, and inform you of necessary things. Also, we will not provide your personal information for the third party without your consent except in the case where providing personal information is approved in laws such as Act on the Protection of Personal Information. However, if patients with infectious diseases or patients suspected to have infectious diseases are found in the venue of the marathon, we may provide the information for public health centers to the extent necessary to the situation.

I agree with the acquisition, use and provision of my personal information

※Please start filling in the checklist one week before the marathon, and submit it to the designated place, following the direction of the organizer.

※【No.1~No.10】 Check the applicable boxes with ○ and the not-applicable boxes with ✓. Enter your body temperature by 0.1.

※ If you have any applicable box in the check items, please contact the organizer (NAHA Marathon Association's Secretariat Tel. 098-862-9902) immediately.

※We may ask you to refrain from participating in the marathon depending on the details of the checklist. Please understand that in advance.

No.	Checklist	(Date)	[7 days before]	[6 days before]	[5 days before]	[4 days before]	[3 days before]	[2 days before]	[1 days before]	[The day]
			Nov. 27th	Nov. 28th	Nov. 29th	Nov. 30th	Dec. 1st	Dec. 2nd	Dec. 3rd	Dec. 4th
1	Body temperature	by 0.1°C	°C	°C	°C	°C	°C	°C	°C	°C
2	I have a fever (37.5°C or above).	If not applicable, please put ✓								
3	I have cold symptoms such as coughing or a sore throat.									
4	I have a headache.									
5	I have heavy physical fatigue or a feeling of smothering.									
6	I have a runny nose or a stuffy nose (excluding allergies).									
7	I have abnormalities in taste or sense of smell (loss of smell/loss of taste).									
8	I tested positive for COVID-19 in the period from 11 days before the marathon (November 23) to the day of the marathon, or I tested positive in a PCR test or an antigen test for COVID-19.									If not applicable, please put ✓
9	I was asked for self-quarantine as a close-contact person of the person who tested positive by an administrative agency in the period from 7 days before the marathon (Nov. 27) to the day of the marathon.									
10	If you have any concern about your physical condition, please enter the date and specific symptoms.									

※The information you provide will be used only for tracing the route of infected person is confirmed, and will not be used for any other purpose, and will be discarded after the storage period【1 month】has passed.

I hereby declare that the information given above is true and accurate to the best of my knowledge.

Name: \_\_\_\_\_

※ If the participant is under age

Organization (school, etc.): \_\_\_\_\_

Contact information (telephone number): \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

