

The 63rd Annual Meeting of the Japan Lung Cancer Society

Health Declaration Form

Please complete the form in advance and submit at the meeting venue on the first day of your attendance.

		Fill-in Date :	
Name		TEL (mobile)	
Affiliation		Country	
Attendance dates	<input type="checkbox"/> Thursday, Dec. 1 <input type="checkbox"/> Friday, Dec. 2 <input type="checkbox"/> Saturday, Dec. 3		
Vaccination	<input type="checkbox"/> Vaccinated (<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times) <input type="checkbox"/> Unvaccinated		

【Declaration 1】 behaviors within past 5 days

* If you had a conversation for 15 minutes or more without taking the necessary infection-prevention measures at a distance of 1 meter.

Have you been in close in-person contact with a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your relatives living together have symptoms such as Fever, Cough, Breathing difficulty or Other Respiratory symptoms? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

【Declaration 2】 present health condition

Do you have a fever of 37.5 degrees or higher, or 1 degree higher than normal temperature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have symptoms such as Fever, Cough, or Breathing difficulty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have taste or smell impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

【Declaration 3】

Have you ever been infected with COVID-19? (If yes, answer the questions below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you satisfy both of the following conditions? 1) 5 days or more have passed since the onset 2) 24 hours or more have passed without taking any fever reducer, and symptoms such as cough, fatigue or breathing difficulty are improving.	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If any one of the declarations 1 and 2 corresponds to Yes, or symptoms of declaration 2 occurs during the congress, report to the congress secretariat and follow the instructions.

*If declarations 3 corresponds to Yes and conditions 1) and 2) are not satisfied, please inform the organizing secretariat.

*Personal details on this form may be submitted to public health authorities to assist them in contact tracing. All personal information collected is confidential and will only be used to assist public health authorities in preventing further spread of the novel coronavirus.