The 16th meeting of the International Association of Phonosurgery

Health Declaration Form

\*Please submit this form to the Registration Desk when you arrive at Westin Kyoto Miyako Hotel.

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| **1. Do you have any of the following symptoms：** | **Yes** | **No** |
| i) FEVER | □ | □ |
| ii) COUGH | □ | □ |
| iii) BREATHING DIFFICULTY | □ | □ |
| iv) SHORTNESS OF BREATH | □ | □ |
| **Within the 7 days immediately preceding the date of this Health Declaration Form, have you:** | | |
| I) TESTED POSITIVE OR PRESUMPTIVELY POSITIVE WITH COVID-19 OR  BEEN IDENTIFIED AS A POTENTIAL CARRIER OF THE CORONAVIRUS? | □ | □ |
| ii) EXPERIENCED ANY SYMPTOMS COMMONLY ASSOCIATED WITH COVID-19 (FEVER; COUGH; FATIGUE OR MUSCLE PAIN; DIFFICULTY BREATHING;  SORE THROAT; LUNG INFECTIONS; HEADACHE; OR LOSS OF TASTE? | □ | □ |
| iii) BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNISED HEALTH OR REGULATORY AUTHORITY? | □ | □ |
| iv) BEEN IN DIRECT CONTACT WITH OR IN THE IMMEDIATE VICINITY OF ANY PERSON WHO TESTED POSITIVE WITH THE NEW CORONAVIRUS OR WHO WAS DIAGNOSED AS POSSIBLY BEING INFECTED BY THE NEW CORONAVIRUS? | □ | □ |

I hereby declare that the above information is true. □

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| Date | □ October 12 (Wen) □ October 13 (Thu) □ October 14 (Fri) |
| Categories |  |
| Full Name |  |
| Affiliations |  |
| Emergency contact number |  |