

Daily Health Checklist

The purpose of this checklist is to confirm health conditions of participants to prevent the spread of the coronavirus disease (COVID-19) during the Tokyo 2020 Olympic Torch Relay.

In case of submitting to the Tokyo 2020 Organising Committee, the personal information you provide on the checklist will be kept in strict control and will only be used to assess your health, to decide whether you are able to participate and to contact you if necessary. We will not disclose your personal information to any third party without your consent, except as permitted by the Personal Information Protection Act or other applicable laws and regulations. However, the information may be provided to the public health centre to the extent necessary in the event that an infectious disease patient or a suspected person is found during the Olympic Torch Relay. If the visitors are 65 years old or older or have underlying diseases(*), please be aware that there is a high risk of severe illness if you are infected with the COVID-19.

(*) It refers to patients with underlying diseases such as diabetes, heart failure, respiratory diseases (COPD, etc.), those who are on dialysis, and those who take immunosuppressants, anticancer drugs, etc.

I consent to the collection, use and provision of my personal data and to the risk of serious illness from COVID-19. (Put a ✓ mark if you agree)

- ① Start to fill out this form 14 days prior to the date of your run as a torchbearer. (Fill in dates)
- ② Put ✓ if you have any following symptoms and if not leave it with blank. For body temperature, please fill in 0.1°C increments.
- ③ Present it at the reception on the day of your run. The checklist will be returned to you after confirmation at the reception desk, so please keep it in a safe place until 14 days later. Please note that you may be asked to submit the form to the receptionist (reception staff) depending on the contents, such as if any of the check items apply to you.

	Check items	- Day 14	- Day 13	- Day 12	- Day 11	- Day 10	- Day 9	- Day 8	- Day 7	- Day 6	- Day 5	- Day 4	- Day 3	- Day 2	- Day 1	Your RUN
		DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM	DD/MM
1	Fever that exceeds your normal temperature															
	Body temperature	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C
2	Symptoms of a cold such as a cough or sore throat															
3	Tiredness or fatigue															
4	Shortness of breath or difficulty in breathing															
5	Change in smell or taste															
6	Feel exhausted, easily fatigued, etc.															