感染症チェックシート
Infections Checklist

※ お休みの日、土日祝日も必ず検温をお願いします。
Please be sure to take temperature on weekends and holidays.

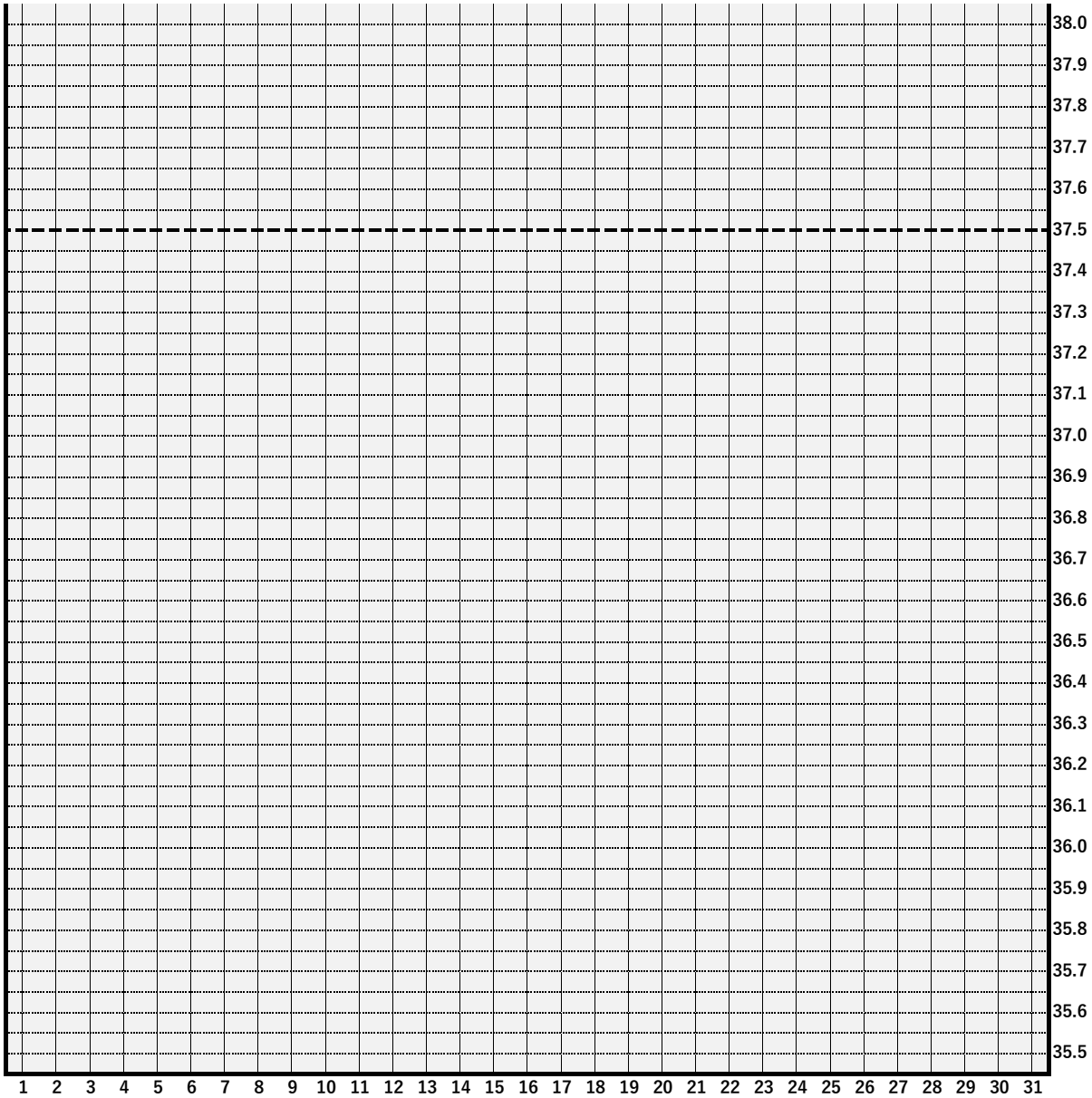
_____年*(year)* _____月*(month)*

園児名*(child name)*

検温時刻 _____ : _____
(Measurement Time)

園児本人：**赤**、 父：**青**、 母：**黒**、同居ご家族（続柄：**色**をご記入ください） : 、 :
*Please write in **red** for the child, **blue** for the father, and **black** for the mother.*

体温（℃）
Body Temperature(Celsius)



症状（*symptoms*） *Please check all that apply with the color for each person for each date.*

味覚障害*(Taste Disorder)*																														
体のだるさ*(Body Lethargy)*																														
乾燥した咳*(Dry Cough)*																														
息苦しさ*(Difficulty Breathing)*																														
のどの痛み*(Sore Throat)*																														
寒気・悪寒*(Chills)*																														
関節痛*(Joint Pain)*																														
下痢*(Diarrhea)*																														
鼻水*(Runny Nose)*																														
手指足趾の発赤・腫脹 *(Redness and Swelling of Fingers and Toes)*																														
嘔吐*(Vomiting)*																														
手指の傷*(Wound of Fingers)*																														
化膿創*(Festering Wounds)*																														