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| **Dormitory Check-in Questionnaire** |
|  |

**This questionnaire is conducted as preventive measure and initial reaction to COVID-19. Anyone who is checking in / check in to the dormitory as resident must answer with honesty.**

1. **Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Affiliation** | **Name** | **Student Number** | **Room Number** | **Date of Birth** | **Contact****(Mobile)** | **Remarks****(Check-in Date)** |
|  |  |  |  |  |  |  |

**2. International / Domestic Travel Record in 14 days**

(Please state if visited Daegu and Gyeongbuk Province)

|  |  |  |  |
| --- | --- | --- | --- |
| **Country / City** | **Purpose of Visit** | **Period of Stay****(MM/DD ~ MM/DD)** | **Remarks** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. Health Condition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptoms** | **Y / N** | **Symptoms First Shown****(MM/DD)** | **Treatment (Please check)** | **Remarks** |
| Fever |  |  | Ongoing( ), Complete( ) |  |
| Headache |  |  | Ongoing( ), Complete( ) |  |
| Cough |  |  | Ongoing( ), Complete( ) |  |

**I hereby confirm the above facts are true.**

|  |  |
| --- | --- |
| **Date (YYYY.MM.DD) :** |  |
| **Name :** | **(Signature)** |