

GUEST NAME LIST & QUESTIONNAIRE

Based on administrative guidance, we conduct a questionnaire on the physical condition of staying guests. Please fill in all guest name and answer questions below. We appreciate your understanding and cooperation.

CHECK IN DATE : MM _____ / DD _____

FACILITY : _____ YOKOO SANSO _____

RESERVATION NAME : _____

【Accompany Name List】

NAME	MOBILE

【Health Questionnaire】

Do you have any of following symptoms at this moment?

- Fever (You are considered to have a fever if above 37.5°C)
- Continuous cough
- Loss or change to your sense of smell or taste

Please check NO YES

Have you been outside of Japan in the past 14 days?

Please check NO YES