

## 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 SANZO

RESERVATION NAME :

### 【Accompany Name List】

NAME	MOBILE

### 【Health Questionnaire】

A. 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

B. Have you been in close contact with anyone at higher risk of becoming seriously unwell from COVID-19 or other respiratory infections?

Please check     NO     YES

C. Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?

Please check     NO     YES