

The 14th Iwaki Sunshine Marathon Runner Health Check Sheet (for Submission Before and During the Marathon)

Runner's Number	
Name	
Phone Number	
<input type="checkbox"/>	I understand the purpose of collecting and using my personal data

Fill in to consent

This check sheet is aimed at determining participants' state of health to prevent the spread of COVID-19 disease at the events. We store participants' personal information on this sheet under strict management, and use it only to understand their state of health/ suitability for attending, as well as to contact participants with any necessary information. Also, we do not provide personal information to third parties without the participants' consent, except in the case of "Act on the Protection of Personal Information" permitting. However, we may provide participants' personal information to a public health center or related facilities in case of infection or on suspicion of infection found at the venue.

Notes: Fill in your body temperature everyday on [1], and fill in where applicable [2]-[12] (No need to fill in where N/A)

NO.	Checklist	Date	2/19 (Sun)	2/20 (Mon)	2/21 (Tue)	2/22 (Wed)	2/23 (Thu)	2/24 (Fri)	2/25 (Sat)	2/26 (Sun)
1	Body temperature		°C	°C	°C	°C	°C	°C	°C	°C
2	Sore throat		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Coughing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Phlegm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Nasal discharge, stuffy nose		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Headache		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Feelings of tiredness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Fever		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Breathlessness		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Change in taste (Have no taste)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Change in smell (Have no smell)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Taking medicine (medicines which relieve symptoms above including fever reducer)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Carry out and fill in the health check from a week before the event (2023/2/19) and submit it on that day following instructions from the staff.

※Not necessary to submit "Vaccination certificate" and "Negative certificate" for COVID-19 on that day.

Iwaki Sunshine Marathon Executive Committee

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81.246.22.7607 (from overseas)