

COVID-19 Prevention Pledge

In order to prevent the spread of COVID-19 in Juntendo University Hospital (“hospital”), I pledge the following:

If I meet any of the following conditions, I will contact Juntendo University International Center about my status immediately.

- **After arrival in Japan and prior to the start of my program**, if a public health official determines I have come in close contact with someone who has contracted COVID-19, I will follow the instructions of the public health officials and quarantine for the designated period if necessary.
- **After arrival in Japan and prior to the start of my program**, if I become unwell or experience any symptoms suggestive of COVID-19 I will get tested for COVID-19. If the COVID-19 test results are positive, I will follow the instructions of the public health officials and quarantine for the designated period.
- **For the three days (72 hours) before the start of my program**, I will measure my body temperature twice a day. If my temperature is one degree above my average temperature I will not come to the hospital.
- **For the two days (48 hours) following the start of my program**, I will measure my body temperature twice a day. If my temperature is one degree above my average temperature I will not come to the hospital or will immediately stop my program and leave the hospital.
- **During my program in the hospital**, if I become unwell or experience any symptoms suggestive of COVID-19 I will immediately stop my program and leave the hospital.
- **During my program while outside of the hospital**, if I become unwell or experience any symptoms suggestive of COVID-19, I will not come to the hospital and will contact the department I am attending about my status.
- **During my program**, if a public health official determines that I have contracted COVID-19 or come in close contact with someone who has COVID-19 then I will follow the instructions of the public health official and quarantine if necessary.
- **Within 48 hours after completion of the program**, if I feel unwell or experience any symptoms suggestive of COVID-19 or if I am diagnosed with or suspected of having COVID-19.

Name:

Signature:

Date:
