

Pledge

Entering the KEK campus --related to prevention of the spread of COVID-19 infection

I confirmed the following terms upon entering the Inter-University Research Institute Corporation, High Energy Accelerator Research Organization (Tsukuba Campus).

Terms

1. I do not have any of the conditions specified below under “Checklist for the past 2 weeks prior to entering the KEK campus” .
2. I will check that my temperature is normal prior to entering the KEK campus and will take preventive measures against infection (I will wear a face mask, wash or disinfect hands when entering a building) while on the KEK campus.
3. If I am found to be infected with COVID-19 while I am on the KEK campus or within 2 weeks after my last entrance to the campus, I will contact and notify the KEK. (Outsourced contractors: contact Information Center at 029-864-5572. KEK users: contact Users Office at 029-879-6197.)

“Checklist for the past 2 weeks prior to entering KEK Campus”

- |  |
|--|
| <ol style="list-style-type: none"><li>a. Had a fever above your normal temperature</li><li>b. Had common cold-like symptoms such as a cough or a sore throat</li><li>c. Felt unusual fatigue (tiredness), or experienced shortness of breath (difficulty breathing)</li><li>d. Experienced loss or change to sense of taste or smell</li><li>e. Had felt your body heavier, or tire easily</li><li>f. Came in close contact(s) with person(s) who tested positive for COVID-19</li><li>g. Lived(s) with a family member(s), or came in close contact with friends/acquaintances who may be infected</li><li>h. Within the past 14 days, came in close contact with person(s) who has returned from, visited, or lived in a level 2 Area (avoid non-essential travel) or an Area with a higher level travel alert issued by the Ministry of Foreign Affairs</li></ol> |
|--|

Date:       /      /        
(yyyy /mm / dd)

I currently reside in the prefecture that falls under the state of emergency. Yes No

Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_ Signature

Phone: \_\_\_\_\_

KEK will refuse your entry if there is a possibility that you may have been infected with the virus, a test result shows that you may be infected, or if you refuse to sign this pledge.  
Information collected on this form is used only for the purpose of protecting the organization against COVID-19 and this form will be discarded one month after receiving.