

MRS Self Condition Check Sheet

Grade _____

Parent's Name _____

Kid's Name _____

Mobile No. -1 _____

Mobile No. -2 _____

Please fill in this form and hand this to MRS Staff.

Date	Temperature	If Yes, put ○、if No, out X			No symptoms below If NO, put ○, if yes, put X			Signature of Parent
		Temperature below 37.5℃	Slept enough	Had breakfast	coughing sore throat	tiredness	Difficulty in breathing	
	℃							

*Unless presenting this sheet, the kid may not join the training.

*if the kid's temperature was higher than 37.5℃, he/she may not join.

*if a MRS staff find the kid's health problem, he/she may not join the training.

名簿No.

受付担当

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