Safety Checklist against COVID-19 in Face-to-Face Classes for Faculty

We would appreciate your cooperation in the following precautions to protect the spread of infections and to ensure opportunities for students to study.

If you develop cold or flu like symptoms, cancel the class. - Be sure to take a temperature and monitor your health conditions. - Cancel the class If you have symptoms such as fever, running nose, sore throat, sneezing, sputum, tiredness, taste/smell loss and shortness of breath. - When you enter the Research and Lecture Building, check your temperature with a thermal detector.							
If you have a fever, go to the Health Care Center. Always wear a face mask even without symptoms. The same applies during classes. - A mouth shield will be provided if necessary.							
Create a list of attending students for each class as well as for office hours. - Students are required to stay home when they are sick. We also let them go home when we find out that they are sick at school. Based on those guidelines, flexible attendance lists will be appreciated.							
Bring your own white board markers distributed by the university.							
Handouts should be placed at the entrance of the classroom and taken by the students themselves							
Maintain sufficient distance between students and between teachers and students an students.							
Keep the rooms well-ventilated. - To ventilate the classroom, open doors and windows every 30 minutes to create airflow in two directions.							
Before and after each class, wash hands with soap or apply alcohol disinfectant.							
To protect yourself and others, use of "COVID-19 Contact-Confirming Application (COCOA)" is recommended.							
For more details, see the "Safety Checklist against COVID-19 in Face-to-Face Classes" within the site							

of "Coronavirus: Information & Precautions" $\underline{\text{http://www.tufs.ac.jp/NEWS/important/202001virus.html.}}$

Daily Health Check Sheet

Take a temperature every day. Check the boxes that apply to you

	nperature eve	ery day. Ch	neck the	boxes t	hat apply	to you.				
Affiliation								Name:		
Date	Body Temperature	Running nose	Sore throat	Cough	Sputum	Tiredness	Short breath	Taste/Smell loss	Others	
Example	36.4			1		1				
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Month: Year:

 $[\]bigstar$ Note: You don't have to submit this sheet. We hope it helps you manage your heath.