

Request of Cooperation to prevent the spread of Coronavirus

1. Prevention of the spread COVID-19 infection

Please check / if following conditions are applicable

- ① ☐ I'm not infected virus or a close contact.
 - ② ☐ I do not have a fever, cough and difficulty breathing.
 - ③ ☐ No one in my house has a fever, cough and difficulty breathing.
 - ④ ☐ I haven't had contact with someone who has covid-19 or a close contact.
- ※If you don't meet every condition, we might not accept you to attend our tour.

2. Please check / consent of providing the information to Public Health Center.

- ⑤ ☐ I agree that Diving School UMICOZA will provide this information to Public Health Center in case one of shop staff or customer are infected while my stay.

My personal information below will be handed to Public Health Center.

email/mobile phone: _____

Address: _____

※For people who don't live in Japan

Last place before Ishigaki: _____

Next destination: _____

3. Please check / consent that we will contact you in 3 days to ask your health and you will contact us when you are infected with coronavirus within 2 weeks.

- ⑥ ☐ I will contact you when I have any symptoms of Covid-19 within 3 days or when I have coronavirus within 2 weeks from today. I agree that you contact me in 3 days. I agree that Diving School UMICOZA will contact me in 3 days and I will check it.

Nationality: _____

Name: _____