

Please read the Physical Condition Management Check Sheet and Health Checklist carefully, and fill in all sections.

Physical Condition Management Check Sheet

After filling in this check sheet, please submit it at runner check-in. Please be aware that if you fail to submit it, or if you answer Yes to any of the following, you will not be able to take part.

Items to check before taking part		Yes	No
1	Do you currently have COVID-19 or other disease and/or are receiving medical treatment for the above?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you been identified as a close contact of someone with COVID-19 and/or are you under a health observation period on the day of runner check-in?	<input type="checkbox"/>	<input type="checkbox"/>

*Except where the cause is clearly identifiable as being something other than COVID-19

- The purpose of this document is to confirm the health status of those taking part in the Kyoto Marathon, in order to prevent the spread of COVID-19, etc.
- Personal information entered here will be stored in accordance with strict controls, and will only be used for the purpose of understanding status of health and for required communication.
- Should anyone with COVID-19 or suspected of having it be discovered, information may be provided as necessary to public health centers or similar.

Have you had any of the following on, or since, February 12?		Yes	No
1	Sore throat*	<input type="checkbox"/>	<input type="checkbox"/>
2	Cough*	<input type="checkbox"/>	<input type="checkbox"/>
3	Excessive phlegm*	<input type="checkbox"/>	<input type="checkbox"/>
4	Runny or blocked nose*	<input type="checkbox"/>	<input type="checkbox"/>
5	Headache*	<input type="checkbox"/>	<input type="checkbox"/>
6	Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>
7	Temperature of 37.5°C or above	<input type="checkbox"/>	<input type="checkbox"/>
8	Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
9	Loss of taste or smell (or other abnormality)	<input type="checkbox"/>	<input type="checkbox"/>

Health Check List

A health check is necessary to participate in Kyoto Marathon. Please be sure to check your health condition and then participate in the marathon responsibly.

Please check the appropriate box.
If any of the below items apply (1~5), please consult your primary-care doctor in order to participate in the race.
Please have a physical checkup and a heart exam with your primary-care doctor.

1	I have heart disease (Myocardial infarction, Angina, Myocardiosis, Valvular disease, Irregular heartbeat).	<input type="checkbox"/>
2	I have fainted unexpectedly (Fainting spells).	<input type="checkbox"/>
3	I had chest pain dizziness during exercise.	<input type="checkbox"/>
4	I have relatives who died unexpectedly from heart disease.	<input type="checkbox"/>
5	I have not had a physical examination for over a year.	<input type="checkbox"/>

The below items (6~9) are risk factors linked to the development of Myocardial infarction or Angina.
If applicable, please consult your primary-care doctor and stabilize these conditions before the race.

6	I have high blood pressure (Hypertension).	<input type="checkbox"/>
7	I have high blood sugar (Diabetes).	<input type="checkbox"/>
8	I have a high cholesterol count or high neutral fat count (Hyperlipemia).	<input type="checkbox"/>
9	I smoke cigarettes.	<input type="checkbox"/>

Primary-Care Doctor means a doctor close to you who manages and provides advice on your healthcare. Please decide your primary-care doctor and receive consultation regarding examinations and participating in the race.
(Japan Association of Athletics Federations, Medical Committee)

Should you require medical care or other help, we will refer to the following when making decisions (they do not constitute conditions on participation).

Underlying illnesses and risk of serious illness	Please circle the number of any of the following four statements that apply to you.
1. I will be aged 65 or above on the day of the marathon.	2. I am currently undergoing dialysis.
3. I am currently taking immunosuppressants, anticancer drugs, or similar medication.	
4. I have one or more of the following underlying diseases: Diabetes, heart failure, respiratory illness (chronic obstructive pulmonary disease, etc.), angina pectoris, cardiac arrhythmia, cerebral infarction Other illness:	

Pledge and Physical Condition Management Check Sheet Confirmation

The information I have entered on the Physical Condition Management Check Sheet is correct.	Yes	<input type="checkbox"/>	Name	Please enter the name of the runner
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