To Parents/ Guardian

## Notice of suspension of attendance due to influenza

Isesaki City Municipal School Principal

Due to influenza your child will be suspended from attending school during the period when there is a risk of infecting other people according to the School Health and Safety Law. The criteria for the suspension period for influenza are as follows.

< The criteria for the suspension period for influenza. >

 $\lceil$  Until 5 days have passed since the onset and 2days (3 days for infants) after the fever has disappeared. 

If you are diagnosed with influenza, please take sufficient medical treatment and recover before going to school. When attending school, parents are requested to fill out the following "Medical Treatment Report for Influenza", and submit to the school.

To the School Principal

Parents should fill out

Medical Treatment Report for Influenza

**3** Grade **1** Section Child • Student Name Isesaki Hanako

- 1 Medical institution that undergone the medical examination : O O Pediatric Clinic
- 2 Date of consultation: Reiwa 2 year 1 2 month 7 day (Type of diagnosis A type) B type unknown) %Please circle one of them.
- 3 Date of re-attending the school : Reiwa 2 year 1 2 month 1 4 day

(To resume school attendance both criteria 1 and 2 of the following suspension period must be met.)

XPlease write down the [date of the onset] and [date of the fever get down]

next 5 days $\Rightarrow$ Date of the onset : 1.2 month 7 day	The day when symptoms such as fever appear (onset day) is set to 0 day, counting from the					
	next 5 days. $\Rightarrow$ Date of the onset : <u>1 2 month 7 day</u>					
<b>2</b> The day when the fever disappeared is 0 day and 2 days, (3 days the	The day when the fever disappeared is 0 day and 2 days, (3 days the infants) have passed					
since the next day. $\Rightarrow$ Date of fever : <u>1 2 month 9 day</u>						

The matters mentioned above are true and correct.

Reiwa 2 year 12 month 14 day

Parent/ Guardian Name Isesaki Hanao

		(様式1	英語)
Reiwa	year	month	day

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Medical Treatment Report for Influenza

Grade Section Child · Student Name

1 Medical institution that undergone the medical examination : Pediatric Clinic

2 Date of consultation: Reiwa year month day (Type of diagnosis: A type B type unknown) \*\*Please circle one of them.

3 Date of re-attending the school : Reiwa year month day

(To resume school attendance both criteria 1 and 2 of the following suspension period must be met.)

XPlease write down the [date of the onset] and [date of the fever get down]

Criteria for suspension period							
1	The day when symptoms such as fever appear (onset day) is set to 0 day, counting from the						
	next 5 days. $\Rightarrow$ Date of the onset : <u>month</u> day						
2	The day when the fever disappeared is 0 day and 2 days, (3 days the infants) have passed						
	since the next day. $\Rightarrow$ Date of fever : <u>Reiwa</u> year month day						
	since the next day. $\Rightarrow$ Date of fever : <u>Reiwa</u> year month day						

The matters mentioned above are true and correct.

Reiwa	year	month	day
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Parent/ Guardian Name