

Sample

(英語 記入例)

Reiwa 2 year 12 month 7 day

To Parents/ Guardian

Notice of suspension of attendance due to influenza

伊勢崎市立境剛志小学校
校長 三木 俊幸

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. >
[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 : Pediatric Clinic
2 Date of consultation : Reiwa 2 year 12 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 12 month 14 day

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

※Please write down the [date of the onset] and [date of the fever get down]

Table with 2 columns: Criteria number and description. Row 1: The day when symptoms such as fever appear (onset day) is set to 0 day, counting from the next 5 days. Row 2: The day when the fever disappeared is 0 day and 2 days, (3 days the infants) have passed since the next day.

The matters mentioned above are true and correct.

Reiwa 2 year 12 month 14 day

Parent/ Guardian Name Isesaki Hanao

To Parents/ Guardian

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校長 三木 俊幸

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.....

To the School Principal

Parents should fill out

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.)

※Please 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. ⇒ Date of the onset : _____ month day
2	The day when the fever disappeared is 0 day and 2 days, (3 days the infants) have passed since the next day. ⇒ Date of fever : <u>Reiwa</u> year month day

The matters mentioned above are true and correct.

Reiwa year month day

Parent/ Guardian Name