

# Notification to resume attendance to School/Nursery/Childcare Center

Submission to: \_\_\_\_\_ School / Nursery / Childcare Center

School Grade: \_\_\_\_\_ Class: \_\_\_\_\_ Child / Student Name: \_\_\_\_\_

※ **Request to the member medical institution of Adachi City Medical Association**

If patient is diagnosed with influenza, please cooperate to fill in the bolded frame (treated free of document fee).

※ If a medical institution you are treated is not a member of the Adachi Medical Association, a document fee may be charged. In such case, parent /guardian is requested to fill in the bolded frame.

Influenza Type	A type · B type · Unknown
Name of medical institution where influenza was diagnosed.	
Date when you went to doctor	Year: _____ Month: _____ Day: _____ (Day of week: _____)
Date of onset (fever)	Year: _____ Month: _____ Day: _____ (Day of week: _____)

Days since onset	Day 0 (Date of onset)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Month/Day	/	/	/	/	/	/	/	/	/
Max. body temperature of the day									
Day of the decline of fever (put mark ○)									

※ Check the following reference "Criteria for the Period of Suspension of Attendance" , and If you meet the criteria, put the check  on the box below.

- Five days have passed since the onset of symptoms.
- 2 days (3 days for infants) have passed after the decline of fever.

Since the above two criteria are met and in a condition that there are no obstacles to group life, my child will resume school attendance from; Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day : \_\_\_\_\_.

Name of Parent/Guardian (signature of yourself) : \_\_\_\_\_

**[Reference] Criteria for the Period of Suspension of Attendance**

Until **5 days** have passed **after the onset of symptoms** and **2 days (3 days for infants)** have passed **after the decline of fever**.

Attendance is suspended on the day of the shaded area.

School · Childcare Ctr		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
	e.g. 1	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>				Possible to resume school	→
e.g. 2	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>		Possible to resume school	→	
e.g. 3	Fever	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>	Possible to resume school	→	

Preschool Facilities		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
	e.g. 1	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>			Possible to resume nursery	→
e.g. 2	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>	Possible to resume nursery	→	
e.g. 3	Fever	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>	Possible to resume nursery	

Preschool facilities: Kindergarten / Accredited Kodomoen / Approved Nursery School /Small Scale Childcare Service/Certified Nursery School / Home-like Childcare

※If respiratory symptoms (cough, runny nose, etc.) persist after the decline of fever, please see your doctor before going to school, nursery or childcare center.

# Notification to resume attendance to School/Nursery/Childcare Center

Submission to: **XXXXXX Elementary** School / Nursery / Childcare Center

**Entry Sample**

School Grade: **X** Class: **X** Child / Student Name: **XXXX XX**

※ **Request to the member medical institution of Adachi City Medical Association**

- If patient is diagnosed with influenza, please cooperate to fill in the bolded frame (treated free of document fee).
- If a medical institution you are treated is not a member of the Adachi Medical Association, a document fee may be charged. In such case, parent /guardian is requested to fill in the bolded frame.

Influenza Type	A type · <b>B type</b> · Unknown
Name of medical institution where influenza was diagnosed.	<b>XXXX Clinic</b> <i>Rubber type seal by the clinic is acceptable.</i>
Date when you went to doctor	Year: <b>202X</b> Month: <b>2</b> Day: <b>1</b> (Day of the week: <b>Wed.</b> )
Date of onset (fever)	Year: <b>202X</b> Month: <b>2</b> Day: <b>1</b> (Day of the week: <b>Wed.</b> )

Days since onset	Day 0 (Date of onset)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Month/Day	<b>2/1</b>	<b>2/2</b>	<b>2/3</b>	<b>2/4</b>	<b>2/5</b>	<b>2/6</b>	<b>2/7</b>	/	/
Max. body temperature of the day	<b>38.6</b>	<b>37.9</b>	<b>37.8</b>	<b>36.5</b>	<b>36.2</b>	<b>36.4</b>	<b>36.5</b>		
Day of the decline of fever (put mark ○)			○ <b>Eg.1</b>	○ <b>Eg.2</b>					

- ※ Check the following reference "Criteria for the Period of Suspension of Attendance", and if you meet the criteria, put the check  on the box b.

- Five days have passed since
- 2 days (3 days for infants) have

**Eg.1** Child had a fever in the morning on 2/3, but declined to normal temp. in the afternoon.

**Eg.2** On 2/3, had a fever until going to bed, but woke up with normal temp. in the morning on 2/4 and no fever thereafter.

**Note!!** circle only on the day of fever resolution (either Eg.1 or Eg.2).

Since the above two criteria are met and in a condition that there are no obstacles to resume school attendance from; Year: **202X** Month: **2** Day: **7**

Name of Parent/Guardian (signature of yourself) : **XXXX XXX**

## [Reference] Criteria for the Period of Suspension of Attendance

Until **5 days** have passed **after the onset of symptoms** and **2 days (3 days for infants)** have passed **after the decline of fever**.

Attendance is suspended on the day of the shaded area.

School · Childcare Ctr		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
e.g. 1	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>				Possible to resume school	→	
e.g. 2	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>		Possible to resume school	→	
e.g. 3	Fever	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	<b>Day 2 after decline of fever</b>	Possible to resume school	→	

Preschool Facilities		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
e.g. 1	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>			Possible to resume nursery	→	
e.g. 2	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>	Possible to resume nursery	→	
e.g. 3	Fever	Fever	Fever	Fever	<b>Decline of fever</b>	Day 1 after decline of fever	Day 2 after decline of fever	<b>Day 3 after decline of fever</b>	Possible to resume nursery	

Preschool facilities: Kindergarten / Accredited Kodomoen / Approved Nursery School / Small Scale Childcare Service / Certified Nursery School / Home-like Childcare

- ※ **If respiratory symptoms (cough, runny nose, etc.) persist after the decline of fever, please see your doctor before going to school, nursery or childcare center.**