Notification to resume attendance to School/Nursery/Childcare Center

Submission to: School / Nursery / Childcare Center																									
	Scho	ol Grade		C	class:	Child	/ Stu	dent Na	me·																
%										sociation															
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).																									
												nent fee may													
	be cha	arged. In	such ca	se, pa	rent /guard	dian is requ	este	d to fill ir	the bolded	l frame.															
Influenza Type							A type · B type · Unknown																		
Name of medical institution where influenza																									
was diagnosed.																									
-								N.4	. 41																
Date when you went to doctor							Year:				ay:(Day of week:														
Date of onset (fever)							Year:Month:D			Day	ay(Day of week:)														
Days since Day 0																									
onset		(Da	te of	Day	1 Day	2 Day	Day 3		Day 5	Day 6	Day 7	Day 8													
14 / 15		ons	et)			/																			
Month/Day				/	/		/	/	/	/	/														
	Max. body temperature																								
of the day																									
	Day of the lecline of fever																								
(put mark \bigcirc)																									
			wina re	ference	e "Criteria	for the Per	iod o	f Susper	nsion of Atte	endance" . aı	nd If vou me	eet the criteria													
 ∴ 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 :											
														lomo	of Doront	/Cuardi	an (ai	anoturo of	yourself)				-		
[R	efere	nce】Cri	iteria fo	or the	Period of	Suspens	ion (of Atten	dance																
				d afte r	the onse	t of sympt	oms	and 2 d	ays (3 day	s for infants) have pas	sed after the													
		of fever.																							
	Atten	dance is s	suspend	ded on	the day of	f the shade	d are	ea																	
ır		Day 0	Da	ay 1	Day 2	Day 3		Day 4	Day 5	Day 6	Day 7	Day 8													
e Ci	e.g.	Fover	Decli	ine of	Day 1 after	Day 2 afte				Possible to															
dcar	1	Fever	fever	r	decline of fever	decline of fever				resume school															
School · Childcare Ctr	e.g.	Force		WO.	Fover	Decline of		ay 1 after	Day 2 after decline of	Possible to															
	2	Fever	ге	ever	Fever	fever		ver	fever	resume school															
	e.g.	Fover	Го	V (0 F	Fover	Fover	De	ecline of	Day 1 after	Day 2 after	Possible to														
Sc	3	Fever	ге	ever	Fever	Fever	fe	ver	decline of fever	decline of fever	resume school														
Preschool Facilities		Day 0	Day	1	Day 2	Day 3	I	Day 4	Day 5	Day 6	Day 7	Day 8													
	e.g.	F	Declin		Day 1 after	Day 2 after		y 3 after		Possible to															
	1	Fever	fever		decline of fever	decline of fever	fev	cline of er		resume nursery															
	e.g.	-	_			Decline of		1 after	Day 2 after	Day 3 after	Possible to														
	2	Fever	Fev	er	Fever	fever	dec	cline of er	decline of fever	decline of fever	resume nursery														
	e.g.	Fever	Feve	er	Fever	Fever	De	cline of	Day 1 after decline of	Day 2 after decline of	Day 3 after decline of	Possible to resume													
	3							fever	fever	fever	fever	nursery													
			_			Kodomoen /	Appr	oved Nur	sery School	/Small Scale	Childcare S	ervice/Certified													
urs	ery Sc	hool / Hon	ne-like C	hildcare	е																				

before going to school, nursery or childcare center.

Notification to resume attendance to School/Nursery/Childcare Center Entry Submission to: XXXXXX Elementary School / Nursery / Childcare Center Sample School Grade: X Class: X Child / Student Name: X X X X X XXX 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. A type B type Unknown. Influenza Type PlaceO in the Name of medical institution where influenza X X X X Clinic corresponding was diagnosed. type Rubber type seal by the clinic is acceptable Year: **202X** Day: 1 Date when you went to doctor Month: 2 (Day of the week: **Wed**.) Date of onset (fever) Year: **202X** Month: 2 Day: 1 (Day of the week: **Wed**.) Days since Day 0 onset (Date of Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7 Day 8 onset) 2/1 2/2 2/3 2/4 2/5 2/6 2/7 Month/Day Max. body 37.9 37.8 36.2 36.4 36.5 temperature 38.6 36.5 of the day Day of the Eg.2 On 2/3, had a fever until going to bed, but decline of fever \circ О woke up with normal temp, in the morning on 2/4 (put mark ○) Eg.2 Ea.1 and no fever thereafter. Check the following reference "Criteria Period of Suspe put the check \square on the box b. Note!! circle only on the day of fever Five days have passed since Eg. 1 Child had a fever in the morning on 2/3, but declined to normal temp, in the afternoon, resolution (either 2 days (3 days for infants) have 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 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. Day 0 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7 Day 8 ਹੋ Day 1 after Day 2 after Possible to Decline of e.g. ·Childcare Fever decline of decline of resume fever 1 fever fever school Day 1 after Day 2 after Possible to Decline of e.g. Fever Fever Fever decline of decline of resume fever 2 fever fever school School Day 1 after Day 2 after Possible to e.g. Decline of Fever Fever Fever Fever decline of decline of resume fever 3 fever fever school Day 0 Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7 Day 8 Day 1 after Day 2 after Day 3 after Possible to Preschool Facilities Decline of e.g. Fever decline of decline of decline of resume fever 1 fever fever fever nursery Day 1 after Day 2 after Day 3 after Possible to e.g. Decline of Fever Fever Fever resume decline of decline of decline of fever 2 fever fever nursery fever Day 1 after Day 2 after Day 3 after Possible to e.g. Decline of Fever Fever Fever Fever decline of decline of decline of resume fever fever Preschool facilities: Kindergarten / Accredited Kodomoen / Approved Nursery School /Small Scale Childcare Service/Certified Nursery School / Home-like Childcare

XIf respiratory symptoms (cough, runny nose, etc.) persist after the decline of fever, please see your doctor

before going to school, nursery or childcare center.