Reiwa year month day

To Parents/ Guardian

Notice of suspension of attendance due to influenza

Isesaki City Municipal Toyouke elementary School
Principal Yumiko Tabei

| Due to influenza your child will be suspended from attending school during the period when there is a risk of |)f |
|---|----|
| 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.

(In addition if it is possible to go the school within 5 days due to a doctor's diagnosis it is necessary to submit a

| certificate of a proof of recovery.) | |
|--------------------------------------|-------------------------|
| | • • • • • • • • • |
| To the School Principal | Parents should fill out |

Medical Treatment Report for Influenza

| 1 | Medical institution that underg | one the m | nedical exan | nination: Pe | ediatric Clin | iic |
|---|---------------------------------|-----------|--------------|---------------------------------|---------------|----------|
| 2 | Date of consultation: Reiwa | year | month | day (Type of diagnosis : A type | B type | unknown) |
| } | *Please circle one of them. | | | | | |

Section Child · Student Name

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.)

Grade

**Please write down the \[\lambda date of the onset \] and \[\lambda date of the fever get down \]

| | 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: Reiwa year month day |

The matters mentioned above are true and correct.

| Reiwa | year | month | day |
|-----------------------|------|-------|------------|
| Parent/ Guardian Name | | Sea | ıl (Hanko) |

Sample

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. \rfloor

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.

(In addition if it is possible to go the school within 5 days due to a doctor's diagnosis it is necessary to submit a

certificate of a proof of recovery.)

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 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 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 \[\text{date of the onset} \] and \[\text{date of the fever get down} \]

| | Criteria for suspension period | | | |
|---|---|--|--|--|
| 1 | 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 : 1 2 month 7 day | | | |
| 2 | 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: 1 2 month 9 day | | | |

The matters mentioned above are true and correct.

Reiwa 2 year 1 2 month 1 4 day

Parent/ Guardian Name Isesaki Hanao Seal (Hanko)