Notification to resume attendance to School/Nursery/Childcare Center

Submission to:

School / Nursery / Childcare Center

School Grade:

Child / Student Name:

% Request to the member medical institution of Adachi City Medical Association

Class:

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 typ	e ∙ Ur	nknown				
Name of mee was diagnos		ition where	influenza						
Date when y	ou went to	doctor		Year:	Month:	Day	/: <u>(</u> C	ay of week:)
Date of onse	et (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.

L.		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Childcare Ctr	e.g. 1	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever			Possible to resume school		$\langle \rangle$
•	e.g. 2	Fever	Fever	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever	Possible to resume school		
School	e.g. 3	Fever	Fever	Fever	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever	Possible to resume school	\land

		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Facilities	e.g. 1	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever	Day 3 after decline of fever		Possible to resume nursery		
Preschool Fa	e.g. 2	Fever	Fever	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever	Day 3 after decline of fever	Possible to resume nursery	V
Pres	e.g. 3	Fever	Fever	Fever	Fever	Decline of fever	Day 1 after decline of fever	Day 2 after decline of fever	Day 3 after decline of fever	Possible to resume nursery

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

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

Adachi City Board of Education has already discussed with Adachi City Medical Association (Operation started on January, 2023).

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: X X X X X X X

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.

		Inf	luenza Type			A typ	be · B	type) 📜	Jnknown	
٧a	me of	f medical	institution w	here influe	nza XXX	X Clinic			PlaceO	in the ponding
va	s diag	gnosed.		Rubber ty	pe seal by th	e clinic is ac	ceptable.		type	
Da	te wh	en you w	ent to docto)ay: 1 (C	Day of the we	ek: Wed.)
Da	te of o	onset (fev	ver)		Year:	202X Mc	onth: 2 D)ay: 1 (C	ay of the we	ek: Wed ,)
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М	onth/D	ay 2 .	/1 2/	´Z Z/	′3 2/	4 2/5	5 2/6	2/7	/	/
ter of	ax. bod nperat the day	ure 3 y	8.6 37	.9 37	.8 36.	5 36.2	2 36.4	36.5		
ec	of the ine of t mark	fever ○)	wing referen	O Eg.1	Eg.2	d of Suspen	woke up wi	, had a fever h normal ten r thereafter	n <mark>p, in the mo</mark>	
	Five d	lays have	✓ on the b passed sir for infants)	ice E g	.1 Child had a t declined to				resolutio	y of feve
Ş	Since	the abov	e two criteria	a are met a			-	-	Eg.1 or E	g. 2).
2 r <u>1</u>	Since esum <u>Name</u>	the abov le school of Parent	e two criteria attendance /Guardian(a are met a from; <u>Yea</u> signature of	ar: 202X f yourself) :	Month:	2 [xxx	obstacles to Day : 7	Eg.] or E	.g.2).
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