

To: Parents/Guardians,

Principal of Takaoka Municipal \_\_\_\_\_ School

Notice of Suspension of Attendance due to Influenza  
インフルエンザの出席停止についてのお知らせ

So far, for infectious diseases that should be prevented at school. It has submitted a permission form to go to school, but this time, there is no need to submit it anymore for influenza by notification from the Ministry of Health, labor and Welfare. It is not necessary to submit permission form from doctor to go to school anymore. As a substitute for it, Instead of it, the parents fill out the following form and turn it in to school. (form for parents)

The criteria for the period for suspension of attendance are, "Until at least 5 days have passed since the onset of symptoms and 2 days have passed since the fever has subsided." (3 days for infants). (Even after 2 days have passed the fever subsided, also if it has not passed 5 days after onset, the student can not go to school.)

The students infected with influenza, attendance is suspended by law, this case it won't be included in the absence days of classes. About necessity of doctor's diagnosis to go to school, follow the instructions of your doctor.

If the influenza heals and go to school, please submit "healing report" bellow. This report is for parents to fill in, not for medical institutions.

※ You do not need a medical certificate.

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Healing Report  
治 癒 報 告 書

To: Principal (宛先) 学校長 殿

Grade 年    Class 組    No. 番    Student name 児童・生徒氏名

Year 年    Month 月    Day 日    Parents name 保護者氏名    Stamp 印

The student had medical examination at the hospital was diagnosed with "influenza". After that, I will inform that it has been cured.

Note 記

1 Name of disease Influenza(include suspicion)

疾患名 インフルエンザ (疑いを含む)

2 First consultation day(Date of diagnosis of influenza)

初診年月日 (インフルエンザと診断された日)

Year 年    Month 月    Day 日 (    )

3 The day the doctor admitted to go to school

登校許可年月日 (医師から登校を認められた日)

Year 年    Month 月    Day 日 (    )

4 Name of medical institution

受診した医療機関名

Medical institution name 医療機関名 \_\_\_\_\_