

Dear Guardians 保護者 様

Notice of suspension of attendance due to influenza インフルエンザによる出席停止の通知書

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Principal Maeda Osamu

In accordance with Article 19 of the School Health and Safety Act, your child will be suspended from attending school for the period during which there is a risk of infecting others due to influenza. The criteria for suspension of attendance due to influenza are as follows:お子さんは、インフルエンザのため、学校保健安全法第19条により、他の人に感染させる恐れのある期間は出席停止とします。インフルエンザの出席停止期間の基準は下記のとおりです。

<Standards for suspension of attendance due to influenza><インフルエンザの出席停止期間の基準>

"Five days have passed since the onset of symptoms and two days (three days for small children) have passed since the fever subsided." 「発症した後5日を経過し、かつ、解熱した後2日(幼児にあっては3日)を経過するまで。」

If your child is diagnosed with influenza, please take adequate medical treatment and return to school only after recovery. In addition, before returning to school, parents/guardians must be under the supervision of a doctor. Also, please fill out the "Influenza Medical Treatment Report" below and submit it to the school. インフルエンザと診断を受けた場合は、十分療養し、回復してから登校するようにしてください。また、登校にあたっては、医師の指導のもと、保護者の方が下記の「インフルエンザにおける療養報告書」を記入し、学校へ提出をお願いします。

To be completed by guardians 保護者が記入

Dear principal 学校長 様

Influenza medical treatment report インフルエンザにおける療養報告書

Grade 年 Class 組 Name 氏名

1 Medical institution where diagnosis was made 診断を受けた医療機関 : \_\_\_\_\_

2 Date of diagnosis 診断日 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Diagnostic type 診断型 : Type A A型 TypeB B型 Unknown 不明)

※Please circle one of them. いずれかに○をつけてください。

3 School resumption date 登校再開日 : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(In order to resume school, both criteria 1 and 2 of the period of suspension of attendance below must be met. 登校再開には下記の出席停止期間の基準1と2の両方を満たす必要があります。)

※Please fill in the "date of onset" and "date of fever resolution" below. 下記に「発症日」と「解熱した日」を記入してください。

Table with 2 columns: Criteria number and Description. Row 1: Criteria 1, Description: The day when symptoms such as fever first appeared (onset date) is counted as day 0, and five days have passed since the next day. Row 2: Criteria 2, Description: The day the fever subsided is counted as day 0, and two days (three days for young children) have passed since the next day.

I hereby certify that the above information is true. 上記のとおり相違ありません。

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Guardian's name \_\_\_\_\_