Minato City Higashimachi ES Principal Tetsuro Kawahara

Notice Regarding School Infectious Diseases

Your child is currently under suspension of attendance for the following period due to a school infectious disease. When your child comes to back to school, please submit the "School Infectious Disease Contact Form" on the back of this paper (please fill in each section) and submit to their homeroom teacher.

Notice

1 Major School Infectious Dis	eases and Period of Suspension of Attendance						
1) Influenza	. 5 days after the onset of the illness and 2 days after the fever has subsided						
2) Whooping Cough							
	antibiotic is completed for 5 days.						
3) Measles							
4) Mumps	5 days after the onset of swelling of the parotid, subr	ubmandibular or sublingua					
	glands and until the child is in good general condition.						
5) German Measles	Until all rashes are gone.						
6) Chicken Pox	Until all rashes scab over.						
7) Pharynx conjunctival fever (pool fever)	Until 2 days after the primary symptoms have resolved.						
8) Novel Corona Virus	Until 5 days have elapsed since the onset of the illness and until 1 day he						
	elapsed after the fever resolves without the use of fever-reducing drugs and respiratory symptoms have improved. For asymptomatic infected						
	persons, until 5 days have elapsed from the date o	of taking the test.					
**For " days have elapsed sinc	ce the onset of the illness" or " days have elapsed si	_					
	ss, or the day the fever subsided as day 0.						
	., ,						
Even during the above-ment	ioned period of suspension of attendance, stud	dents may attend					
•	hat there is no problem in preventing infection	•					
"Doctor's Certificate" must be o							
However, the period of suspens	sion of attendance cannot be shortened for the n	ovel coronavirus.					
	d length of suspension (doctor's certificate require	d)					
1) Tuberculosis							
2) Meningococcal meningitis3) E. coli infection							
4) Pink eye	Until a physician determines that there is no risk of infe	ection.					
5) Acute hemorrhagic conjunctiv	zitis						
6) Others () *The school also has a certifice	ate form available	See Reverse					
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School Infectious Disease Contact Form

	Grade	e Class	Name				
Illness Name							
Period of Illness	From:	/ /		To:	/	/	
Medical institution where your child was examined							

- Based on the above information 1. My child's period of suspension of attendance has finished
 - 2. I have received doctor's permission and my child will attend school with a doctor's certificate.

(XPlease circle 1 or 2)

Year Month Date

> Parent or Guardian Name 印 \leftarrow (Stamp or sign)

(Recipient)

Minato City Higashimachi ES Principal