

『保健室より』：from Nurse's Office

出席停止となる感染症と出席停止解除願い用紙について：School Infectious Disease Prevention Policy and the *Certificate of Recovery from Infectious Disease Form*.

In order to give the students adequate rest and to prevent the spread of highly infectious diseases, students who have contracted any of the diseases listed under Table I: Infectious Disease Prevention in School will not be allowed to attend class. Those who have contracted one of the infectious diseases below and been absent from school are not considered to be an absent. The students need to have an adequate rest at home, and they are not allowed to attend class without their physician's permission. The students are required to submit a designated *Certificate of Recovery from Infectious Disease Form* filled out by the parent/legal guardian. You can get the *Certificate of Recovery from Infectious Disease Form* either at the School Nurse's Office or by downloading the form below.

「出席停止解除願い」記入用紙：[Certificate of Recovery from Infectious Disease Form](#)

学校において予防すべき感染症の種類

Table I:

Infectious Disease Prevention in School

Type	Infectious Disease	Length of Mandatory Suspension for Health Reasons
Type I	<ul style="list-style-type: none">• Ebola Hemorrhagic Fever• Crimean-Congo Hemorrhagic Fever• Severe Acute Respiratory Syndrome (SARS Corona Virus)• Smallpox• South American Hemorrhagic Fever• Pest• Marburg Hemorrhagic Fever• Lassa Fever• Polio• Diphtheria• Highly Pathogenic Avian Influenza• Middle East Respiratory Syndrome (MERS Corona Virus)	Suspension shall remain in effect until the patient has made a full recovery.

Type II	<ul style="list-style-type: none"> • Seasonal Influenza (Flu) 	<p>Until at least 5 days have passed since the onset of symptoms and 2 days have passed since the fever has subsided.</p> <p>Note: Standard Period of Suspension of Attendance</p> <p>①Until 5 days have passed since the day following the date of the onset of symptoms (fever).</p> <p>②Until 2 days have passed since the day following the date of the decline of fever.</p>
	<ul style="list-style-type: none"> • Pertussis (Whooping cough) 	<p>Until the whooping cough has subsided or the patient has completed a 5-day treatment program of the appropriate antibiotics that is generally prescribed.</p>
	<ul style="list-style-type: none"> • Measles 	<p>Until 3 days have passed since the fever has subsided.</p>
	<ul style="list-style-type: none"> • Mumps/ Epidemic Parotitis 	<p>Until 5 days have passed since the onset of swelling of the parotid sublingual glands, and the patient's overall condition has returned to normal.</p>
	<ul style="list-style-type: none"> • Rubella (German Measles, Three-day Measles) 	<p>Until rashes have subsided.</p>
	<ul style="list-style-type: none"> • Chicken Pox (Varicella) 	<p>Until all rashes form a scab over.</p>
	<ul style="list-style-type: none"> • Pharyngoconjunctival Fever/ Adenovirus infection (Pool Fever) 	<p>Until 2 days have passed after major symptoms have subsided.</p>
	<ul style="list-style-type: none"> • Tuberculosis • Meningococcal Infection 	<p>Until your physician has determined that there is no further risk of infection based on an up-to-date diagnosis.</p>

Type III	<ul style="list-style-type: none"> • Enterohemorrhagic Escherichia Coli Infection (O157 etc.) • Epidemic Keratoconjunctivitis • Acute Homorrhagic Conjunctivitis • Infectious Gastroenteritis (Norovirus) • Streptococcal Infection • Erythema Infectiosum (Fifth Disease/ Slapped Cheek Disease) • Other Infectious Diseases ※shown as followed	Until your physician has determined that there is no further risk of infection based on an up-to-date diagnosis.
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※Other Infectious Diseases

- Cholera
- Shigellosis
- Typhoid Fever
- Paratyphoid Fever
- Hand-Foot-and-Mouth Disease (HFMD)
- Mycoplasma Infection
- Hepatitis Virus
- Herpes Zoster
- Herpangina
- Molluscum Contagiosum (Water Warts)
- Contagious Impetigo
- Infectious Mononucleosis
- Epstein-Barr Virus Infection

出席停止解除願 い

Certificate of Recovery from Infectious Disease Form

大田区立 矢口東小 学校長 様

To The Principal,

Yaguchi-higashi Elementary School

児童・生徒氏名 Name of the student	年 組 番 氏名 Grade: Class: No. Name:
病 名 Infectious disease	
病気にかかっていた期間 Length of time out of school	from / / to / / (yy) (mm) (dd) (yy) (mm) (dd)
受診していた医療機関 Name of medical institution where examined	Phone # ()

I was absent from school because of the infectious disease shown above.

I hereby report that my physician has determined that there is no further risk of infection based on an up-to-date diagnosis.

Year _____年 Month _____月 Date _____日

Name of Parent/Guardian _____ (seal/inkan)

**This form should be filled out by a parent/guardian.
Only the form with seal will be accepted.