To Parents / Guardians:

Duration of Absence: Reiwa

Year

Month

Takaoka City

A student who contracted the flu is required by law to stay home until recovery, and the stay-home period is also determined by law. When the student comes back to class, parents and guardians must fill out and stamp the following report before submitting it to the school.

Flu Recovery Report

School Principal

| | | | G | rade (| Group | Student N | ame | | | |
|---|---|---|---|----------------------------|--|--|------------------------------------|---------------------|---------------------------------|-------------------------------|
| Guardian Name | | | | | | | | | | |
| After exam symptoms). I | would her | reby like to | o report his | s / her reco | overy. | | | ` | spected of | having flu |
| 2 Develop① Onset② Fever | ment from Date: spe record th perature r | the Onse cify the da e highest t eturns to r | t Date (Fate and day temperatur normal. | e per day. | n the table ek . □ Day Fever is co | framed in on which a onsidered t | bold.) fever or othe to have bro | er flu-diagno | student's | · |
| | Day 0 Onset | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 |
| Date Day | / | / | / | / | / | / | / | / | / | / |
| Presence | | | | | | | | | | |
| of fever? | yes•no | yes • no | yes • no | yes • no | yes • no | yes•no | yes•no | yes • no | yes • no | yes•no |
| Absence of fever | Onset of symptoms | | | | | | Possible return to school | | | |
| Presence of Fever ** The day on which the student can come back to school depends on when his / her fever breaks. See table for reference. | Fever Broken | | | | | | Possible return to school | | | |
| | | Fever Broken | | | | | Possible return to school | | | |
| | | | Fever Broken | Г | | | Possible return to school Possible | | | |
| | | | | Fever Broken | F | | return to school | Possible | | |
| | | | | | Fever Broken | | | return to school | D 71 | |
| | | | | | | Fever Broken | | | Possible return to school | |
| | | | | | | | Fever Broken | | | Possible return to school |
| | | - | | having fully | y recovered | (do not forc | e the studer | nt to return | even if acco | ording to this |
| calendar, it's po Stay-Ho | | | | l in the tab | ole above. | | | | | |
| × 5 days, the str | days after t udent cann ce versa, i | the onset on the ot return the first the student | of sympton o school u ent develop | ns and two inless 5 day | days after ys have pa | ssed since | the onset | of the sym | ptoms). | roken for two ymptoms, the |
| 3 Diagnosed Reiwa Year Month Day () • Medical Institution Name | | | | | | | | | | |
| 4 Back to School Date Reiwa Year Month Day () ☐ Must be acknowledged by the doctor. | | | | | | | | | | |
| < <for office<="" td=""><td>ce Use>></td><td>></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></for> | ce Use>> | > | | | | | | | | |

Day ()∼ Reiwa

Year

Month

Day()