To Parents / Guardians:

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

Takaoka City Noumachi School Principal

Grade Group Student Name

Guardian Name

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After examination at a medical institution, my child had been diagnosed with the flu (or suspected of having flu symptoms). I would hereby like to report his / her recovery.

- 1 Diagnosis Flu (<u>Type A \cdot Type B</u>) \times Please circle the type if it is known.
- 2 Development from the Onset Date (Please fill in the table framed in bold.)
- \bigcirc Onset Date: specify the date and day of the week . \times Day on which a fever or other flu-diagnosable symptoms began.
- ② Fever: record the highest temperature per day. Fever is considered to have broken if the student's body temperature returns to normal.

	Day 0 Onset	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Date	/	/	/	/	/	/	/	/	/	/
Day	()	()	()	()	()	()	()	()	()	()
Presence	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C
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	Fever Broken						Possible return to school			
		Fever Broken					Possible return to school			
			Fever Broken				Possible return to school			
school depends on when his /				Fever Broken			Possible return to school			
her fever breaks. See table for					Fever Broken			Possible return to school		
reference.						Fever Broken			Possible return to school	
							Fever Broken			Possible return to school

X Students should only attend classes after having fully recovered (do not force the student to return even if according to this calendar, it's possible to come back to school).

<stay-home period="">… Days shaded in the table above.</stay-home>									
3	Diagnosed Reiwa	Year	Month	Day() • M	edical Institution Name				
4	Back to School Date	Reiwa Yea	ur Month	Day ()	*Must be acknowledged by the doctor.				

<<For Office Use>>

Duration of Absence:	Reiwa	Year	Month	Day()~ Reiwa	Year	Month	Day ()	
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