3) For use by students who have been ordered to remain at home due to close contact with an infected individual

- 4) For use by students who have been ordered to remain at home due to a COCOA notification
- 6) For use by students who have been ordered to remain at home due to a family member, etc. who has been

[For the duration of the COVID-19 response] September 2020

If you have been prohibited from attending class due to an order to remain at home by a public health center or other facility, or a family member whom you live with has been subject to PCR testing (*1), because you have been in close contact with an infected person or because you received a COCOA notification, please use the Health Management Chart to monitor your health. If you have displayed no symptoms, after your home quarantine is over, fill out this form and submit it to the office at your affiliated school or graduate school (or CIEC, if you are an international student at KGU through a student exchange agreement, or a short-term international student at KGU through a CIEC-operated program).

*If you have been diagnosed with COVID-19, obtain a Notification of Release of Employment Restrictions from a public health center or other institution (the name may vary by municipality) and submit it.

*If you have been diagnosed with another school-designated infectious disease, use the regular School Attendance Permission Certificate for Students with a School-Designated Infectious Disease. *If you have been prohibited from attending class because you have a fever and/or cold

To the President:

Kwansei Gakuin University Seiwa Junior College

Notice of Completion of Health Monitoring in Relation to a Designated Infectious Disease

School/Graduate School	Name
Student ID Number	DOB Day / Month / Year

Refer to *1 to fill this out if a family member whom you live with has been subject to PCR testing

Status of your home quarantine order	
Date you were ordered to remain at home (*1) The date that a family member whom you live with was subject to PCR testing	Day / Month / Year
The institution that ordered your home quarantine (*1)Does not need to be filled out if your family member was subject to PCR testing	() public health center / health and welfare office
Health during your home quarantine	Good / Not good *If you do not feel that you are in good health, the rules for your prohibition on attending school will change. You need to contact the office at your affiliated school or graduate school (or CIEC).
Date that your home quarantine ended (*1) When home quarantine is no longer necessary	Day / Month / Year
Date that you will go to school	Day / Month / Year

Note 1) Be sure to follow the orders of the public health center.

Note 2) You may return to school after your home quarantine is over if you have shown no symptoms.

Note 3) If you develop a fever and/or cold symptoms during your absence, please call your local consultation center. The applicable rules for your enforced absence will change, so call your affiliated school or graduate school office (or CIEC).

I have completed my self-quarantine, as ordered by a public health center, and am in good health.

As stated above, I would like to report that I have completed the duration of my enforced absence from school.

Day Month Year Name (Signature)