

- 1) For use by students who are prohibited from attending school due to a fever and/or cold symptoms  
 5) For use by students who are prohibited from attending school due to a family member with fever and cold symptoms

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

If you have been prohibited from attending class because you (or a family member) have developed a fever and/or cold symptoms, please use the Health Management Chart to monitor your symptoms. Once two full days have passed since all of your symptoms have disappeared (counting the day that your symptoms disappeared as day one), 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 returned to Japan or

To the President:

Kwansei Gakuin University  
 Seiwa Junior College

## Report on Cold-Like Symptoms

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

Status of checkup at medical institution	
(Does not need to be filled out if your family member is the person with a fever and/or cold symptoms) * <u>A checkup at a medical institution is not mandatory.</u> Only fill this section out if you received a checkup.	
Date of checkup	Day / Month / Year
Name of medical institution	
Name of illness	

Status after symptoms appeared	
Date that your symptoms appeared	Day / Month / Year
Date that your fever broke (Does not need to be filled out if your family member is the person with a fever and/or cold symptoms)	Day / Month / Year
Date that all of your symptoms disappeared (Does not need to be filled out if your family member is the person with a fever and/or cold symptoms)	Day / Month / Year
Date you will go to school	Day / Month / Year

Note 1) You will not be allowed to come to school from the day that your fever and/or cold symptoms appear, and you will be eligible for academic consideration.

Note 2) If you have a fever and/or cold symptoms, you may return to school a full two days after all of your symptoms disappear (counting the day that your symptoms disappeared as day one).

If your family member is the person with a fever and/or cold symptoms, you may go to school once you are no longer required to quarantine at home.

Two days have passed since my cold-like symptoms have disappeared.

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)