

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

[For the duration of the COVID-19 response]  
March 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 because you have been in close contact with an infected person, please use the Questionnaire on Health Conditions 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 a 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 school because you have a fever and cold symptoms, use the Report on Cold-Like Symptoms. \*If you have been prohibited from attending school because you have returned to Japan or entered Japan from overseas, use the Notice of Completion of Health Monitoring After Return.

To the President:

Kwansei Gakuin University  
Seiwa Junior College

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

<b>School/Graduate School</b>	<b>Name</b>
<b>Student ID Number</b>	<b>DOB Day / Month / Year</b>

<b>Status of your home quarantine order</b>	
Date you were ordered to remain at home	Day / Month / Year
The institution that ordered your home quarantine	(                    ) public health center / health and welfare office
Health during your home quarantine	Good / Not good <small>*If you are not in good health, two full days must have passed since the disappearance of all symptoms (counting the day that your symptoms disappeared as day one) before you are allowed to attend school. Contact the office at your affiliated school or graduate school (or CIEC).</small>
Date that your symptoms appeared (*Only fill this out if you were not in good health)	Day / Month / Year
Date that your fever broke (*Only fill this out if you were not in good health)	Day / Month / Year
Date that all of your symptoms disappeared (*Only fill this out if you were not in good health)	Day / Month / Year
Date that your home quarantine ended	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 cold symptoms during your absence, please call your local consultation center for returnees/people who have been in contact with an infected individual. There will be additional criteria for your enforced absence, so call your affiliated school or graduate school office (or CIEC).

**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)