

このフォームは本人参考用です。日本語フォームに記載願います。

Please ask your doctor to fill out the form written in Japanese, not in English.

To the attending physician:

Kwansei Gakuin University
Seiwa College
Seiwa Junior College

Regarding the completion of
the **School Attendance Permission Certificate for Students with School Designated Infectious Disease** (request)

We stipulate that a student who contracts or is suspected to have contracted a school designated infectious disease and has the possibility of transmitting infection to others is prohibited from attending school. We ask for your cooperation in filling out the following form when you judge that the student is fit to attend and there is no risk of infection. We would also appreciate it if you would answer our questions in case of any inquiries.

To the President:

School Attendance Permission Certificate for Students with School Designated Infectious Disease

School/Graduate School (to be filled in by the student)	Name: Male/Female
Student ID Number (to be filled in by the student)	Date of birth: Day /Month /Year

The above student has been found to exhibit a symptom/symptoms due to infection or suspected infection of one of the following diseases since D /M /Y , but I have examined the student and now consider that there is no risk of he/she transmitting the disease to others so it is appropriate for him/her to attend school from D /M /Y .

Please encircle the appropriate boxes.

Name of disease		Criteria of prohibition of school attendance (An attending physician shall decide appropriately based on the following criteria.)	
Ebola hemorrhagic fever	Plague	Until healed	Type 1
Crimean-Congo hemorrhagic fever	Marburg hemorrhagic fever		
Smallpox	Lassa fever		
South American hemorrhagic fever	Acute poliomyelitis		
Diphtheria			
Severe acute respiratory syndrome (SARS coronavirus)			
Avian flu (H5N1)			
Novel influenza or related infection			
Designated infection ()			
Novel infection ()			
Influenza (excluding avian flu H5N1, swine influenza or any related infection)	5 days after showing symptoms, as well as two days after the fever ceases.	Type 2	*In this regard, however, exception is permitted if the physician acknowledges that there is no risk of infection.
Whooping cough (Pertussis)	Until the characteristic coughing disappears. Or after 5 days of effective antibiotics treatment.		
Measles (rubeola)	Until three days have passed after decline of fever		
Mumps (epidemic parotitis)	Until 5 days after the swelling of the parotid gland, submandibular gland or sublingual gland has gone down. As well as having recovered to a normal healthy condition.		
Rubella (three-day measles)	Until the rash disappears		
Chickenpox	Until all the rashes become crusted		
Pharyngoconjunctival fever (swimming pool fever)	Until two days have passed after all the major symptoms are resolved		
Tuberculosis	Until the school physician or another physician acknowledge that there is no longer any risk of infection based on his/her medical condition	Type 3	
Meningococcal meningitis			
Cholera	Until the school physician or other physicians acknowledge that there is no longer any risk of infection based on his/her medical condition		
Bacillary dysentery			
Enterohemorrhagic E. coli infection			
Typhoid fever			
Paratyphoid fever			
Epidemic keratoconjunctivitis			
Acute hemorrhagic conjunctivitis			
Other infectious disease*			

* Other infectious diseases include hemolytic streptococcus infection, hand-foot-and-mouth disease, erythema infectiosum, herpangina, mycoplasma infection, and epidemic vomiting & diarrhea (epidemic vomiting & diarrhea: vomiting and diarrhea caused by norovirus or other types of virus)

Day /Month /Year

Name and address of the medical institution:

Name of the physician:

Seal

* The student should submit the completed **School Attendance Permission Certificate for Students with School Designated Infectious Disease** to the respective School/Graduate School administrative office department when he/she resumes school attendance.