Minato City Nanzan ES Principal Noriaki Kobayashi

## Notice Regarding School Infectious Diseases

Your child is currently under suspension of attendance for the following period due to a school infectious disease. When your child comes to back to school, please submit the "School Infectious Disease Contact Form" on the back of this paper (please fill in each section) and submit to their homeroom teacher.

## Notice

1 Major School Infectious Dis	eases and Period of Suspension of Attendance					
1 ) Influenza	5 days after the onset of the illness and 2 days after the fever has subsided					
2) Whooping Cough	Until the particular cough disappears or until treatment with an approp					
	antibiotic is completed for 5 days.					
3) Measles	Until 3 days have elapsed after the fever has subsided.					
4) Mumps	5 days after the onset of swelling of the parotid, subn	he parotid, submandibular or sublingua				
	glands and until the child is in good general condition.					
5) German Measles	Until all rashes are gone.					
6) Chicken Pox	Until all rashes scab over.					
7 ) Pharynx conjunctival fever (pool fever)	Until 2 days after the primary symptoms have resolved.					
8) Novel Corona Virus	Until 5 days have elapsed since the onset of the illness and until 1 day h					
	elapsed after the fever resolves without the use of fever-reducing drugs and respiratory symptoms have improved. For asymptomatic infected					
	persons, until 5 days have elapsed from the date of taking the test.					
%For " days have elapsed since	ee the onset of the illness" or " days have elapsed sin	nce the fever subsided,'				
count the day of onset of the illnes	s, or the day the fever subsided as day 0.					
Even during the above-ment	oned period of suspension of attendance, stud	dents may attend				
school if the doctor deems t	nat there is no problem in preventing infection.	•				
"Doctor's Certificate" must be o						
However, the period of suspens	sion of attendance cannot be shortened for the n	ovei coronavirus.				
	l length of suspension (doctor's certificate required	d)				
<ul><li>1) Tuberculosis</li><li>2) Meningococcal meningitis</li></ul>						
3) E. coli infection						
4) Pink eye	Until a physician determines that there is no risk of infe	ection.				
5) Acute hemorrhagic conjunctive 6) Others ( )	ritis					
*The school also has a certific	ate form available.	See Reverse				
		Side				

## **School Infectious Disease Contact Form**

	Grade	e Class	Name			
Illness Name						
Period of Illness	From:	/ /		To:	/	/
Medical institution where your child was examined						

- Based on the above information 1. My child's period of suspension of attendance has finished
  - 2. I have received doctor's permission and my child will attend school with a doctor's certificate.

(XPlease circle 1 or 2)

Year Month Date

> Parent or Guardian Name

(Recipient)

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