

【For Imizu City Municipal Elementary Schools and Junior high School】

To all parents:

In accordance with school regulations, any child with influenza will be suspended from school. Be sure to visit a medical institution. When your child returns to school, please complete and submit this form to the school.

Post-Influenza Wellness Report

Imizu City Municipal _____ School

Grade: _____ Class: _____ Name: _____

Reiwa Year: _____ Month: _____ Day: _____ Name of Parent/Guardian: _____

The above parent/guardian confirms that the flu has been cured and there is no risk of the child infecting others.

1. Diagnosis	Influenza (Strain A / Strain B / Undetermined) ※If the strain is clear, please circle the applicable answer.									
2. Consultation Date and Name of Institution	Reiwa Year: _____ Month: _____ Day: _____ (Day of the Week: _____) Institution Name: _____									
3. Progress	Please record from the day your child began exhibiting symptoms to the day before they return to school									
	Days since onset	Day 0 (First day of symptoms)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
	Date and Day of Week	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
	Is there a fever?	Yes · No	Yes · No	Yes · No	Yes · No	Yes · No	Yes · No	Yes · No	Yes · No	Yes · No
(Day 0) --- This is the first day on which a fever or other symptoms that triggered the diagnosis surfaced. This is counted as "Day 0". Criteria for suspension: "The suspension will continue for 5 days after the onset and 2 days after the fever has broken naturally." (Even if 2 days have passed since your child's fever has broken, if 5 days have not passed since the first day that they exhibited symptoms, they will not be allowed to return to school.) ※ Please refer to the next table.										
4. Period of absence	From: Reiwa Year: _____ Month: _____ Day: _____ Day of the Week: _____ Until: Reiwa Year: _____ Month: _____ Day: _____ Day of the Week: _____									

《Influenza Suspension Period Quick Reference Table》

※The days your child can return to school will vary depending on when they have a fever.

Days since onset		Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
If your child has no fever	Ex. 1	First day of symptoms						Can return to school	→	
	Ex. 2	Fever	Fever breaks	1 st day after fever has broken	2 nd day after fever has broken			Can return to school	→	
If your child has a fever at any point	Ex. 3	Fever	Fever	Fever breaks	1 st day after fever has broken	2 nd day after fever has broken		Can return to school	→	
	Ex. 4	Fever	Fever	Fever	Fever breaks	1 st day after fever has broken	2 nd day after fever has broken	Can return to school	→	
	Ex. 5	Fever	Fever	Fever	Fever	Fever breaks	1 st day after fever has broken	2 nd day after fever has broken	Can return to school	→
	Ex. 6	Fever	Fever	Fever	Fever	Fever	Fever breaks	1 st day after fever has broken	2 nd day after fever has broken	Can return to school