

Year _____ Month _____ Day _____

To all parents and guardians,

NOTICE OF SUSPENSION OF ATTENDANCE DUE TO INFLUENZA

Tatebayashi City, 10th Elementary School
Satoshi Kitamura
Principal

This is to provide you with information about a flu outbreak, to prevent widespread flu in the school, we recommend that your child stay home from school if experiencing flu or cold symptoms based on Article 19 of the School Health and Safety Act. The criteria for the suspension period for influenza are as follows:

<Standard for the suspension period of attendance for influenza>
Until 5 days have passed since the onset of the disease 2 days after the fever has passed (3 days for infants).

If you are diagnosed with the flu, you should stay at home and return to school once you have recovered. When returning to school after recovery, please be advised that all parents and guardians are required to complete the "Influenza Treatment Report" under the guidance of the doctor and submit it to the school. Additionally, if you can come to school after 5 days, please bring the health certificate with you issued by the doctor proving that you have been cleared already from any kind of sickness.

Please, fill in the following;

Dear School Principal

Influenza Treatment Report

Grade _____ Class _____ Number _____ Name _____

1. Medical institution where the diagnosis was issued: _____
2. Date of diagnosis: _____ Year _____ Month _____ Day (Diagnostic type: Type A Type B Unknown)
3. Resumption of school: _____ Year _____ Month _____ Day

(Before getting back to school, you must meet both criteria 1 and 2 of the following attendance suspension period stated below.)

❖ Please, fill in the “date of onset” and “date of fever relief” below.

Criteria for the duration of suspension	
1.	The day your child gets symptoms such as fever from one (1) day to five (5) days long, please indicate it. ➤ Symptom date: _____ Year _____ Month _____ Day
2.	From the day of fever is being relieved, wait for 1 day to 2 days (3 days for infants) before it is considered “fever-free”. ➤ Date of fever relief: _____ Year _____ Month _____ Day

I hereby declare that all the information provided above is true and correct.

_____ Year _____ Month _____ Day

Name of the parent/guardian: _____