

To Parents/Guardians:

From: Chiba City Medical Association
Chiba City Board of Education

SUBMITTING AN INFLUENZA TREATMENT REPORT

When influenza becomes a serious infection, it is a life-threatening, highly contagious illness. That is why Article 19 of the School Health and Safety Act’s enforcement regulations defines a period of time during which school attendance is prohibited. If your child is diagnosed with influenza, please provide sufficient medical treatment, and have them return to school after they have fully recovered. Additionally, so that they may return to school, please fill out the treatment process on the “Influenza Treatment Report” based on instructions from a doctor, and submit it to the school.

< Standard Time School Attendance Prohibited for Influenza >

“School attendance is prohibited for the 5 days after symptoms begin to show (the day after the fever starts is counted as Day 1) AND the 2 days after the fever has broken.”

Filled out by parents/guardians

To the Principal of Chiba Municipal _____ School

INFLUENZA TREATMENT REPORT

Grade: _____ Class: _____ Child’s Name: _____

My child was diagnosed (Date: ____/____) with influenza (Type A • Type B • Unknown) and received treatment. Their symptoms have improved based on the progress detailed below. They meet all conditions 1~3 for recovering enough to return to school. They will attend class on: (Date) ____/____

| Check | Standards Prohibiting School Attendance | |
|-------|---|---|
| 1 | | Day 0 is when symptoms first appear (fever begins). 5 days have passed since the day following Day 0. ⇒ Write date that symptoms first appeared: ____/____(Day 0) |
| 2 | | 2 days have passed since their fever broke ⇒ Day 1 is when they have a regular temperature starting in the morning. |
| 3 | | Their symptoms are gone and they can participate in school activities. <ul style="list-style-type: none"> • Do they have a bad cough? • Do they have an appetite? • Are they able to be awake and active for a full day? |

Name of medical institution where examined: (_____)

I certify that the above is correct.

Date ____/____/____ Parent/Guardian’s Signature: _____