学校感染症届出書【英語】

To Parents and Guardian

School Name　鈴鹿市立清和小学校
Principal Name　小倉　整

Request for Submission of School Infectious Disease Notification Form

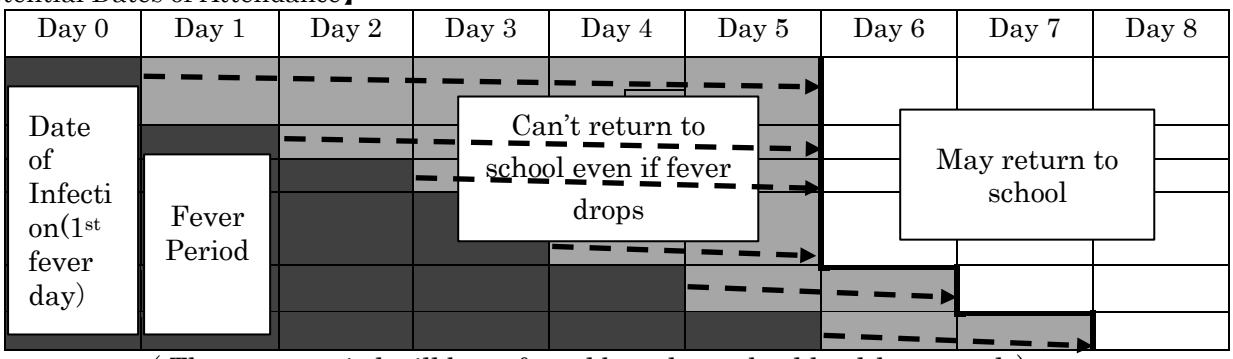
To maintain school health and safety, you should record any absences and attendance. Children who exhibit the following must be noted and see a physician for diagnosis. In order to decrease any anxiety surrounding infection when a student returns to school, a guardian/parents must record and submit necessary information in accordance with the following.

To prevent the spread of disease within the school, please understand these fundamental precautionary measures.

Infectious Diseases To Prevent From School	
Type 1	①Ebola ②Crimean - Congo hemorrhagic fever ③Smallpox ④South American hemorrhagic fever ⑤Plague ⑥Marburg virus ⑦Lassa fever ⑧Acute poliomyelitis ⑨Diptheria ⑩Severe Acute Respiratory Syndrome（limited to beta coronaviurs genus SARS coronavirus ） ⑪Middle East Respiratory Syndrome（limited to beta coronvirus genus MERS coronavirus） ⑫Avian Influenza (limited to subtype H5N1 and H7N9)
Type 2	①Influenza (excluding bird flu) ②Whooping cough ③Measles ④Mumps ⑤Rubella ⑥Chicken pox ⑦Pharnygoconjunctival fever ⑧COVID – 19 ⑨Tuberculosis and meningococcal meningitis
Type 3	①Cholera ②Shigellosis ③E. Coli ④Typhoid ⑤Paratyphoid Fever ⑥Epidemic keraconjunctivitis ⑦Acute Hemorrhagic Conjunctivitis ⑧Other Infectious Diseases

R5.5.8 enforcement

【Potential Dates of Attendance】



（The away period will be enforced based on school health protocols)

School Infectious Disease Notification Form

Seiwa Elementary School Director

(Year in school) ____(class)_____Name _____

(In the case of influenza)

【Disease】 _____〔A ・ B Type〕 ※ Please have it verified by a medical institution

【Medical Treatment Period】 Year_____Month_____Day_____ ～
Year_____Month_____Day_____

【Medical Institution】 _____

Year_____Month_____Day_____

Parent name _____