袋井特別支援学校　新型コロナウイルス感染症・インフルエンザ経過報告書（英語版）

COVID-19 / Influenza Progress Report(To be completed by Parent/Guardian)

Elementary / Junior High / High School　Grade:　Class:

Student Name: _____

Date of Symptom Onset　症状出現日　：　Reiwa　Year　Month　Day　（Day 0）

Date of Medical Diagnosis　医療機関診断日　：　Reiwa　Year　Month　Day

Doctor's Notes / Precautions (to be communicated to the school)医師からの注意事項:

◆ Period of Suspension from School Attendance for COVID-19

According to Article 19, Paragraph 2 of the Enforcement Regulations of the School Health and Safety Act, the suspension period is "until 5 days have passed since the onset of symptoms, and 1 day has passed since symptoms have improved." The day of onset is counted as Day 0. The student must not attend school for 5 full days (6 calendar days total). After symptoms improve, at least one additional day must pass before returning to school.

◆ Period of Suspension from School Attendance for Seasonal Influenza

According to the same regulations, the suspension period is "until 5 days have passed since the onset of symptoms, and 2 days have passed since the fever subsided."

The day of onset is counted as Day 0. The student must not attend school for 5 full days (6 calendar days total). After the fever has subsided, count that day as Day 0, and ensure that at least 2 full days of normal temperature have passed before returning to school.

Days Since Onset	Date Month / Day	Morning (˚C) Time : Temp.	Afternoon (˚C) Time : Temp.	Mark ○ on the day respiratory symptoms improve
Day 0 (Onset)	／	: ˚C	: ˚C	
Day 1	／	: ˚C	: ˚C	
Day 2	／	: ˚C	: ˚C	
Day 3	／	: ˚C	: ˚C	
Day 4	／	: ˚C	: ˚C	
Day 5	／	: ˚C	: ˚C	
Day 6	／	: ˚C	: ˚C	
Day 7	／	: ˚C	: ˚C	
Day 8	／	: ˚C	: ˚C	
Day 9	／	: ˚C	: ˚C	
Day 10	／	: ˚C	: ˚C	

Parent/Guardian Name 保護者等サイン　：_____

- On the 5th day (before returning to school), please contact the homeroom teacher by phone to confirm your child's condition.- When returning to school, please submit this completed form to the homeroom teacher.登校再開前（5 日目）に、学級担任と電話で経過確認する。登校するときに、この用紙を学級担任に提出する。