Permission to Return to School

In the case your	child is absent from schoo	l to prevent the s	pread of infectious	diseases, please ha	ve your
physician fill in	and sign the form below.	When your child	l returns to school	please submit this	form to
the TYIS office.	Please note that a medical	al certificate from	your child's physi-	<u>cian is not required</u>	<u> </u>

	cut here				-
		年 year	月 month	∃ day	
登校許可報告書 Permission to Return to School					

下記の病気にて欠席しておりましたが主治医より登校の許可がおりましたのでお知らせ致します。

Please have the physician provide information about your child's illness below and list the date your child is allowed to return to school.

	生徒名 Child's name					
	保護者名 Parent's name					
病名 Type of illness	 インフルエンザ Influenza 麻疹 (はしか) Measles (Rubeola) 流行性耳下腺炎 (おたふく風邪) Mumps 風疹 Rubella (German measles) 水痘 (水ぼうそう) Chicken pox (Varicella) 咽頭結膜炎 Pharyngoconjunctival fever (Pool fever) 流行性角結膜炎 Epidemic kerato-conjunctivitis 腸管出血性大腸菌 Hemorrhagic entero-coliitis by E complex 急性出血性結膜炎 Epidemic kerato-conjunctivitis (EK) 手足口病 Hand, foot and mouth disease 伝染性紅斑 (りんご病) Erytheme (Filth Disease, Er) 溶連菌感染症 Streptococcal infection 感染性胃腸炎 Viral gastroenterocolitis (Noro virus, 1) マイコプラズマ感染症 Mycoplasma pneumonia その他 other () 	rythema infectiosum)				
診断日 Date of diagnosis Month 月 Day 日()						
登校開始許可日 Date allowed to return to school 月 month 日 day()						
医療機関名 Name of medical institution						
担当医 Physician's name 署名 Signature 目付 Date <u>年 year</u> 月 <u>month</u> 目 <u>day</u>						