

SCHOOL HEALTH AND SAFETY ACT ENFORCEMENT REGULATIONS TYPE 2 INFECTIOUS DISEASES

NOVEL CORONAVIRUS*1, INFLUENZA*2 PROGRESS OBSERVATION SHEET (FILLED IN BY PARENTS)

Measure your child's body temperature twice in the morning and the evening, fill in the record table below, and watch the progress while creating a line graph. After the suspension period has passed, fill in the name of the guardian and submit it to the school or Kindergarten.

[Criteria for the period of suspension of attendance] *The day of onset, the day of symptom remission, and the day of fever resolution shall be day 0.

● Novel coronavirus: Until 5 days have passed since the onset of symptoms and 1 day has passed after symptoms subside.

* "Symptoms subside" means that the fever is relieved without the use of antipyretics, and the respiratory symptoms are improved.

*1 The pathogen is limited to the coronavirus of the genus Betacoronavirus (limited to those newly reported from the People's Republic of China to the World Health Organization in January 2020 as having the ability to infect humans).

● Influenza: Until 5 days have passed since the start of the symptoms and 2 days have passed since the fever subsides

(3 days for kindergarten)

* If the school doctor, kindergarten doctor or other doctors confirm that there is no risk of infection, the child may return to school.

* Fever resolution is the state in which the body temperature is less than 37.5 degrees both in the morning and in the evening.

*2 Excluding pandemic influenza, bird influenza, etc.

Iwata City Elementary/Junior High School Grade ___ Class ___ Name _____

Iwata City Kindergarten _____ Age _____ Name _____

Date when symptoms appeared: Year _____ Month _____ Day _____

*If the test result is positive using the "antigen test kit," the test date (sample collection date) is the "date of diagnosis."

*When using the "antigen test kit", please use "in vitro diagnostic drugs" or "class 1 drugs".

Diagnosis Date: Year _____ Month _____ Day _____ Diagnosis Name _____

月日	Date Onset		1st Day		2nd Day		3rd Day		4th Day		5th Day		6th Day		7th Day		8th Day			
	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P		
	M	M	m	M	M	M	M	M	m	M	M	M	M	M	M	M	M	M	M	M
Body temp. °C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C	°C
40°C																				
39°C																				
38°C																				
37.5°C																				
37°C																				
36°C																				

To the School Principal · Kindergarten Director

As the above the period has passed, please lift the suspension of attendance



Be sure to rest until this day

Year _____ Month _____ Day _____ Parent's Name _____

SCHOOL HEALTH AND SAFETY ACT ENFORCEMENT REGULATIONS TYPE II INFECTION DISEASES
Novel Coronavirus*1 and Influenza*2 Follow-up Chart (Entered by parents)

Measure your body temperature twice in the morning and evening, fill in the record table below, and watch the progress of your fever while making a line graph. After the suspension period, please fill in the name of the parent or guardian and submit it to the school · Kindergarten.

[Criteria for suspension of attendance] * The date of onset, the day of symptom relief, and the day of fever reduction shall be 0 days.]

• New coronavirus: Until 5 days have passed since the onset of the disease and 1 day after the symptoms have been relieved

* "Mild symptoms" means that the fever is relieved without the use of antipyretic drugs and the respiratory symptoms are improving.

*1 The pathogen is limited to coronaviruses of the genus Betacoronavirus (limited to those newly reported to have the ability to transmit to humans from the People's Republic of China to the World Health Organization in January Reiwa 2).

• Influenza: Until 5 days have passed since the start of the symptoms and 2 days have passed since the fever subsides (3 days for kindergarten)

* If the school doctor, kindergarten doctor or other doctor recognizes that there is no risk of infection, you can come to school.

*Antipyretic is a condition in which the body temperature is below 37.5 degrees Celsius in both morning and evening.

*2Excludes new strains of influenza and avian influenza

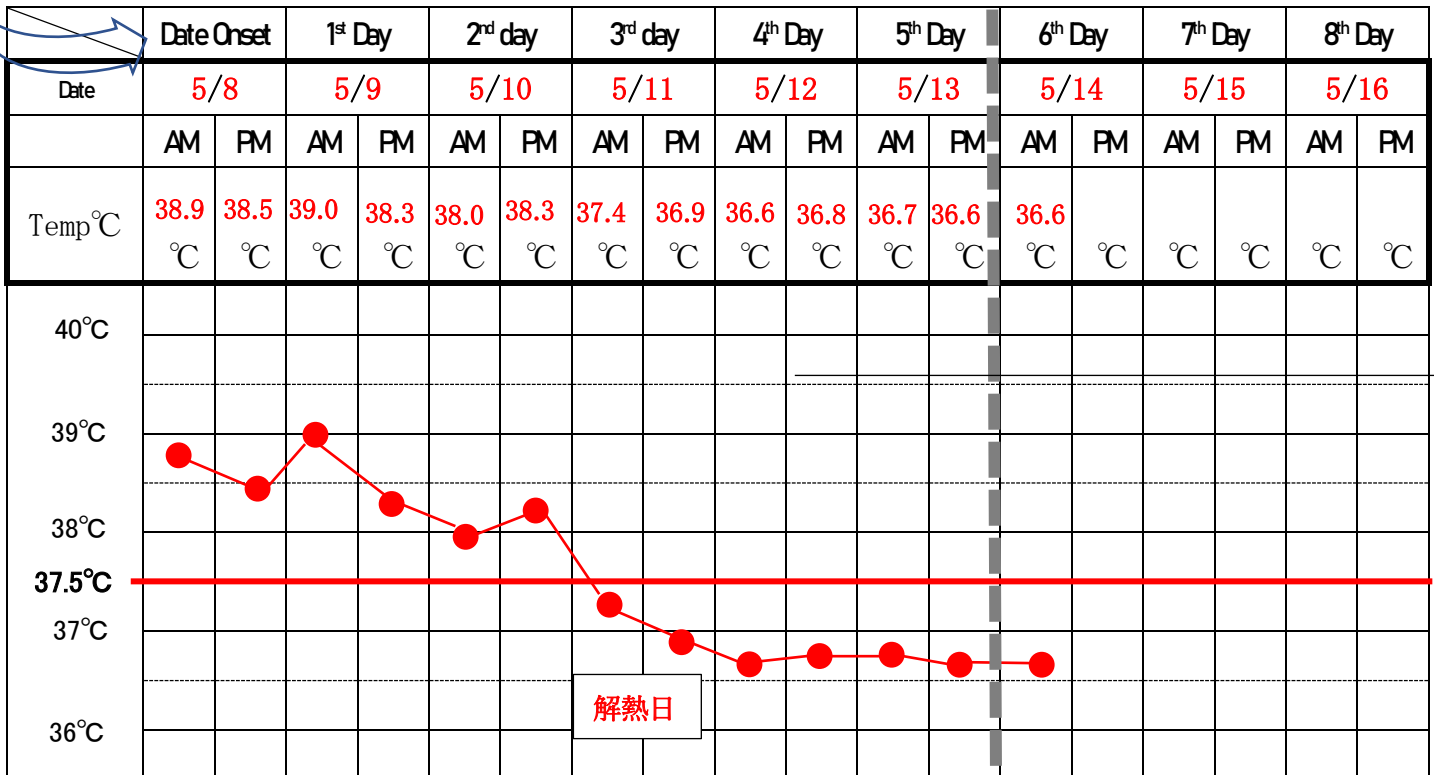
Iwata Municipal Iwata **Elem** and Junior High School 5th grade 5 groups Name: Hanako Iwata
 Iwata City Kindergarten Age Name _____

Date when symptoms appeared: Reiwa Month May Day 8

*If the test result is positive using the "antigen test kit," the test date (sample collection date) is the "date of diagnosis."

*When using the "antigen test kit", please use "in vitro diagnostic drugs" or "class 1 drugs".

Diagnosis Date: Reiwa Year May Month 9 Day Diagnosis Name Novel Coronavirus Infection



To the School Principal · Kindergarten Director

As the above has passed, please lift the suspension of attendance

Be sure to rest until this day