

Regarding the “Influenza Treatment Notice”

Previously if a child had influenza, a doctor’s visit was required and proof of treatment 「登園許可書」 was submitted. However with the goal of relieving pressure on medical institutions and reducing risk of infection to students, changes to the procedures will be as follows:

Parents or guardians should fill out the notice form below and submit it to the Hoikuen.

【For Reference】 Hoikuen absence periods due to influenza.

According to the School Health and Safety Act, a child should not attend Hoikuen for 5 days after initial symptoms and 3 days after the fever ends.

※The days are counted from the following day (eg. The day symptoms begin and fevers end are counted as “0”)

Example	Symptoms Start	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9
Fever ends on day 1	Has Fever	Fever Finishes	1 st day after fever	2 nd day	3 rd day		Attendance OK			
Fever ends on day 2	Has Fever		Fever Finishes	1 st day after fever	2 nd day	3 rd day	Attendance OK			
Fever ends on day 3	Has Fever			Fever Finishes	1 st day after fever	2 nd day	3 rd day	Attendance OK		
Fever ends on day 4	Has Fever				Fever Finishes	1 st day after fever	2 nd day	3 rd day	Attendance OK	
Fever ends on day 5	Has Fever					Fever Finishes	1 st day after fever	2 nd day	3 rd day	Attendance OK

※If the time periods above pass, but your child still experiences throat pain or tiredness, please see a doctor and only come to daycare after recovery.

インフルエンザ治療報告書

Influenza Treatment Notice

提出日 令和____年____月____日
Submission Date: Reiya year month day

____ 保育園 ____ 組
Hoikuen Name Class (kumi)

園児氏名 : _____
Child Name

保護者氏名 : _____
Parent or Guardian

感染症名 Infectious Disease Name	インフルエンザ (____型) ※型が分かっている場合に記入 Influenza (type____) ※If known.
発症日 Date Symptoms Began	令和 ____年____月____日 Reiya year month day
解熱日 Fever End Date	令和 ____年____月____日 Reiya year month day
発症した後5日を経過し、かつ、解熱した後3日を経過した日 (登校可能となる日) The date 5 days after infection and 3 days after fever ends (hoikuen attendance date)	令和 ____年____月____日 Reiya year month day
医療機関名 Medical Institution Name	