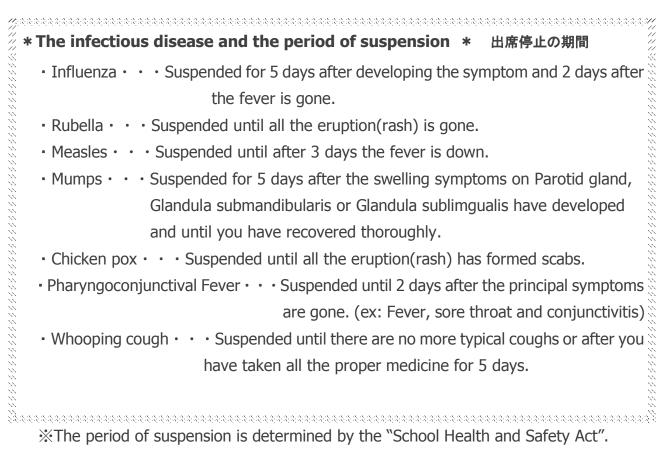
学校感染症による出席停止証明書 Certificate for Suspension of Attendance due to School Infectious Disease り つひがしきょうないちゅうがっ 校 名 津市立東橋内中学校 組 名前 年 This is to certify that the student whose name appears above is not allowed to attend school for \bigcirc days from <u>MM/DD</u> to <u>MM/DD</u>. Diagnosed disease is as follows (the one circled). 上記の園児・児童・生徒は、下記のため 月 日より 月 日まで 日間出席停止を要したものと認めます。 病名は以下のとおりです。(〇がつけてあります) ・インフルエンザ Influenza (型 type) ・風疹 Rubella ・麻疹 Measles ・水痘 Chickenpox ・流行性耳下腺炎 Mumps • 咽頭結膜熱 Pharyngoconjunctival Fever • 百日咳 Pertussis/ Whooping cough その他の感染症 Other Infectious Disease () 平成 年 月 日 Name of medical institution 病院名 (EII) Name and seal of physician 医師名

Higashikyonai JHS

In order to prevent infection and to ensure the healthy and safe education at school, when a student gets an infectious disease, one is suspended to attend the school.

If you are infected with the following disease you will be suspended. After the recovery, please ask your doctor to fill the "Certificate of suspension for attendance" and submit it to school.



%The period of suspension is determined by the "School Health and Safety Act". For above-mentioned period or until the doctor's permission, it is prohibited to attend the school.