

Return-to-School Form [For COVID-19 Only] (To Be Completed by Parent)

To: _____ (Name of Kindergarten)

Child's Name: _____

On ____ / ____ / ____, my child tested positive for COVID-19 (confirmed by medical diagnosis home test kit).

After **five days have passed since the onset of symptoms** and **one day has passed since symptoms improved***, and as my child is now in a condition that does not interfere with group activities, he/she will return to school on ____ / ____ / ____.

* "Symptoms improved" means that the child has been fever-free without the use of fever-reducing medication and that respiratory symptoms (such as cough or shortness of breath) are improving.

Date: ____ / ____ / ____

Parent/Guardian Name: _____

<Record of Illness Progress>

	Day 0*	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date (MM/DD)	/	/	/	/	/	/	/	/
Temperature (°C)	°C	°C	°C	°C	°C	°C	°C	°C
Symptoms Present? **	No / Yes	No / Yes	No / Yes	No / Yes	No / Yes	No / Yes	No / Yes	No / Yes

* Day 0 is the date when symptoms first appeared (or the date of positive confirmation if asymptomatic).

** Symptoms include fever, severe cough, sore throat, extreme fatigue, etc.

To Parents

In order to help prevent outbreaks and the spread of infectious diseases, and to ensure that each child can spend the day comfortably, we ask that you keep a record of your child's recovery after being diagnosed with one of the infectious diseases listed above. When your child is ready to return to school, please complete and submit the **Return-to-School Form** to the childcare facility. **If your child has not been examined by a physician, the physician's section may be left blank.** Thank you for your cooperation.

Physician's Confirmation Section

The child was examined at our medical institution and diagnosed with COVID-19.

Date of Onset: ____ / ____ / ____

Date of Diagnosis: ____ / ____ / ____

Name of Medical Institution: _____

Physician's Name: _____

To Medical Institutions

In order to help prevent outbreaks and the spread of infectious diseases in childcare facilities, we kindly request that you complete the above section as applicable. Thank you for your cooperation.

Overview of Infectious Diseases for Which Parents Complete the Return Form

Disease	Period of Infectiousness	Guideline for Return to School
Influenza	During symptomatic period (most infectious from 24 hours before onset to about 3 days after onset)	5 days have passed since onset AND 2 days have passed since fever resolved (3 days for infants and young children)
COVID-19	5 days after onset	5 days have passed since onset AND 1 day has passed since symptoms improved. <i>For asymptomatic cases, count 5 days from the date of specimen collection (Day 0).</i>
Streptococcal Infection	Before and within 1 day after starting appropriate antibiotics	24–48 hours have passed since starting antibiotics
Mycoplasma Pneumonia	Before and several days after starting appropriate antibiotics	Fever and severe cough have subsided
Hand, Foot and Mouth Disease	Several days after blisters/ulcers appear on hands, feet, or mouth	No fever or mouth pain interfering with eating; able to eat normally
Erythema Infectiosum (Fifth Disease)	About 1 week before rash appears	General condition is good
Viral Gastroenteritis (Norovirus, Rotavirus, Adenovirus, etc.)	During symptoms and up to 1 week after symptoms resolve (virus may be shed for several weeks)	Vomiting/diarrhea have resolved and child can eat normally
Herpangina	Several days during acute phase (virus may be shed in stool for about 1 month)	No fever or mouth pain interfering with eating; able to eat normally
RSV Infection	While respiratory symptoms persist	Respiratory symptoms have resolved and general condition is good
Herpes Zoster (Shingles)	While blisters are present	All lesions have crusted
Exanthem Subitum (Roseola)	—	Fever has resolved and child is in good general condition

*A dash (—) indicates that the infectious period cannot be clearly specified.