

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

To: _____ (Name of Kindergarten)

Child's Name: _____

Five days have passed since the date of onset (Day 0) indicated below, and three days have passed since the child's fever resolved. As the child is now in a condition that does not interfere with group activities, he/she will return to school on ____ / ____ / ____.

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)	/	/	/	/	/	/	/	/
Highest Temperature (°C)	°C	°C	°C	°C	°C	°C	°C	°C

* The date of onset recorded by the physician below is considered "Day 0."

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. Thank you for your cooperation.

Physician's Confirmation Section

The child was examined at our medical institution and diagnosed with influenza.

Date of Onset (first day fever was observed): ____ / ____ / ____

Date of Consultation (Diagnosis Date): ____ / ____ / ____

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 accordingly. 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.