

CAUTION: This is just a reference for you to understand the following format originally written in Japanese. THIS IS NOT A FORMAL FORMAT. When submitting this certificate, please use formal one.

感染症登校許可証明書

Certificate of permission of a return to school after being suffering from an infectious disease.

(For student belonging to Shinanomach Campus)

慶應義塾大学/Keio University

氏名 (Name): _____

上記の者は、下記の疾病が治癒したので登校してよいことを証明します。

I certify that the condition of the subject who has been absent due to being suffering from an infectious disease listed in this table meets the criteria for a return to school.

疾病名 (Name of Infectious Diseases)	
インフルエンザ (Influenza)	咽頭結膜熱 (Pharyngoconjunctival fever)
麻疹 (Measles)	流行性角結膜炎 (Epidemic kerat conjunctivitis)
流行性耳下腺炎 (Mumps)	急性出血性結膜炎 (Acute hemorrhagic conjunctivitis)
風疹 (Varicella, Chicken Pox)	感染性腸炎 (Infectious enteritis) ()
水痘 (Rubella)	その他 (Other infectious disease) ()

(上記疾病の該当欄に○印を記入してください。/。Please mark the box assigned to your diagnosis.)

初診日/Date of the first consultation: 年 (year) 月 (month) 日 (day)

登校禁止期間/Period of exclusion from school: 年 (year) 月 (month) 日 (day) ~ 年 (year) 月 (month) 日 (day)

登校許可/The first day of a return to school: 年 (year) 月 (month) 日 (day)

記載日/Issued Date: 年 (year) 月 (month) 日 (day)

医療機関名/Name of medical institution: _____

医師名/Name of Physician: _____ 印 (seal)

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感染症報告書

(Report as to a return to school after an absence due to being suffering from an infectious disease)

Date: _____

慶應義塾長 殿 (To President of Keio University)

大学保健管理センター担当医

印 (seal)

(Name of the responsible physician of the Health Center of Keio University)

下記のとおり報告いたします。/I report as follows:

Student ID NO.		Faculty		Student Year	
Student Name					
Diagnosis					
Date of a return to school	This subject is permitted to return to school from: _____ 年 (year) 月 (month) 日 (day) (AM・PM)				