学校感染症（インフルエンザ・COVID-19） **Health Check sheet** （For Students）

※School infectious Disease Prevention Policy(Regulathions on the School Health and Safety Act,Article 19)will not be allowed to come to school during the"suspension period of coming to school "based on the authority of relevant Japanese law

① If you feel sick, visit a hospital, or suspect that you may be infected, contact the Student Affairs Division.
Please access the "School Infectious Disease Report Form" on the University of Shizuoka website and fill in the required information.

Student Affairs Department mail: gakus@u-shizuoka-ken.ac.jp tel: 054-264-5009

Report Form https://req.qubo.jp/u_shizuoka/form/iXJMMv18 (Japanese language only) →

② When you recover from the infection, the following documents must be submitted to Health Support Center

・Health check sheet ・Prescription or ・Medical expenses receipt

After health check ⇒ Submit to the student office ⇒ The student brings the absence letter to the teacher in charge of the class

You can not attend the University, until normal fever lasts for 3days without using antipyretics and symptoms disappearance.

For coronavirus, after 5days have passed since the onset of symptoms (the day after onset is day 1) and after 1 day after sym ptoms have improved.
For influenza,after 5 days have passed since the onset of symptoms (the day after the onset of symptoms is day 1) and 2 daysa fter the fever has come down.

Student ID

Name

I live in（Private apartment, University Residence, Family home）

Affiliated Laboratory

Student Club /Society

Fill out with a ballpoint pen

＊Activities you did (Circle ○ all that apply)

＊	Date	Day of week	Temperature		Use of antipyretics	＊Put a circle ○ in a box when the symptoms appear											Class, School activity, Club, Part-time job, Travel etc.							
																	AM		PM			Society/ Club activities	Partime job	Travel/ other activities etc.
						Fever	Malaise	Runny nose	Breath shortne	Cough	Headache	Sore throat	diarrhea	dysgeusia	olfactory anomaly	Others	1	2	3	4	5			
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＊Do health checks and describe body temperature until morning of the day you return to campus.

Clinic name

drug/pill name( )

How many days( )

Other (explanation etc.)

Vaccination no/ yes (date:)

出席停止期間	
～	
確認印	
医務室	学生室

＊Student must submit this certificate to Health Support Center

Health Support Center, University of Shizuoka