To the Attending Physician

Tokyo Metropolitan University

**Request to Complete a Certificate of Recovery from Infectious Disease**

Under the provisions of the Regulations Enforcing the School Health and Safety Act and the Ordinance Enforcing the School Health and Safety Act, students are suspended from attending university when it has been confirmed they have contracted an infectious disease.

Therefore, we ask that you complete the following form certifying that the TMU student under your care has recovered sufficiently that the patient is not at risk of infecting others and that no other condition is preventing the student’s return to university activities.

***Contact us if you have any questions***

Health Center Office, Arakawa Campus, Tokyo Metropolitan University

03-3819-1211 extension 236

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**Certificate of Recovery from Infectious Disease**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty / Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the TMU student named above, who has been undergoing medical treatment since (y/m/d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the disease (including suspicion of an infectious disease) indicated below, has now recovered (including the elimination of suspicion of infection) sufficiently that the patient is not at risk of infecting others and that no other condition is preventing the student’s return to university activities starting from (y/m/d) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Particulars

|  |  |
| --- | --- |
| Disease Name(check all 🞏 that apply) | Duration of suspension of attendance in the attending physician’s judgement, based on the following criteria for suspension of attendance. |
| 🞏 Class I Infectious Disease | Until full recovery🞏 Ebola hemorrhagic fever🞏 Crimean-Congo hemorrhagic fever🞏 Smallpox🞏 South American hemorrhagic fevers🞏 Plague🞏 Marburg disease🞏 Lassa fever🞏 Polio🞏 Diphtheria🞏 Severe acute respiratory syndrome🞏 Avian influenza |
| *Class II Infectious Disease* | 🞏 Influenza A | Five days after onset and two days after fever abatement |
| 🞏 Influenza B |
| 🞏 Measles | Three days after fever alleviation |
| 🞏 Rubella (German measles) | Until the rash has completely disappeared |
| 🞏 Chicken pox | Until all blisters have scabbed over |
| 🞏 Mumps | Five days after the appearance of swelling in the parotid gland, submandibular gland, and / or sublingual gland and after overall physical condition has improved favorably |
| 🞏 Whooping cough | Until the characteristic cough has stopped, or until the completion of a five-day antibiotic therapy course |
| 🞏 Pharyngoconjunctival fever | Two days after the disappearance of primary symptoms |
| 🞏 Tuberculosis | Until a physician determines the patient is not at risk of infecting others |
| 🞏 Meningococcic meningitis | Until a school physician or other physician determines from the symptoms that the patient is not at risk of infecting others |
| 🞏 Class III Infectious Disease | Until a physician determines the patient is not at risk of infecting others🞏 Cholera🞏 Bacillary dysentery🞏 Enterohemorrhagic E. coli infection🞏 Typhoid fever🞏 Paratyphoid🞏 Epidemic keratoconjunctivitis🞏 Acute hemorrhagic conjunctivitis |

Date (y/m/d): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medical facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attending Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [seal]

Note: Please submit this completed form to the Registrar, Academic & Student Affairs Division, Arakawa Campus.