## Doctor's permission to return to campus (Toko Kyoka sho) entry request form - stating satisfactory recovery from infection

The student whose name appears below has been diagnosed with a "communicable disease" defined in the School Health Law. Please complete the following certificate stating the diagnosed disease and the period you considered necessary for the student to stay off campus.

We thank you for your cooperation,

. . . . /

For inquiries, please contact Health and Wellbeing Center, Sophia University Tel.03-3238-3394

## Doctor's permission to return to campus (Toko Kyoka sho) stating satisfactory recovery from infection

Student entry	Student's name	Student ID. No.	
	Address mobile -phone — — —		
	k		

This is to certify that the above student may return to campus because the following disease is in remission:

## Influenza $(\mathbf{A} \cdot \mathbf{B})$ Cholera COVID-19 Bacillary dysentery Pertussis Enterohemorrhagic Escherichia coli (O-157 etc.) Measles Typhoid Epidemic parotiditis (mumps) Paratyphoid Rubella (three-day measles) Epidemic keratoconjunctivitis Acute hemorrhagic conjunctivitis Chicken Pox Other infectious disease (Epidemic vomiting diarrhea, Pharyngoconjunctival fever Streptococcus hemolyticus infection, Mycoplasma pneumonia, Tuberculosis Hand-foot-and-mouth disease, EV virus infection and so on) ) ( Meningococcal meningitis

## Name of disease (please mark with a circle $\bigcirc$ where appropriate)

Date of first visit (m/d/yr):	(Time
Period that the student must remain off campus: $(m/d/yr)$	from

Date: Name and address of clinical institution: TEL:

Signature of physician :

Seal

am/pm)

to

X Student must submit this certificate to Health and Wellbeing Center (Hoffmann Hall) and a photocopy to the class instructor.

This information is for use only by Department office, Bureau of Student Affairs and Center for Academic Affairs and shall not be disclosed to a third party without the consent of the individual unless the disclosure is required by law or is necessary to protect the individual from threats to life, health or property.