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,

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[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

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

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

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

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

Date of first visit (m/d/yr):(Timeam/pm)Period that the student must remain off campus: (m/d/yr)fromto

Date: Name and address of clinical institution: TEL :

Signature of physician :Seal
 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.