Doctors Release Form

This form should be used when returning to school from a medical absence.

Joy to the World Form: SRF20100908

Directions For Parents:
1. Fill out form
2. Have your doctor fill-in and sign this form
3. Bring the form with your child to the School Office, before going to the classroom
4. Upon Office approval, please take the form to your head teacher

INFORMATION

Student Name:		Parent Name:	
Date:	Student Birthday:	Member Number:	
Class:	School Year:		Term:

Doctor Release - 完治証明書

Dear Physician in Charge,
Please fill in the form below if the child is allowed to attend school. Please call us at 03-5684-0247 if you have any questions. Thank you for your cooperation.

主治医様
ご多忙のところ誠に恐れ入りますが、下記証明書は出席可能になりましたら、ご記入の上、保護者にお渡しください。

Name of Illness: (病名)			
The above student has been absent from school since: (上記の者は以下の日付から出席停止となっていました)	/ /		(y/m/d, 年/月/日)
The student has completely recovered from their illness: (完治したと判断します)	Please circle:	Yes	No
There is no possibility of spreading the illness: (他に伝染の恐れがなくなったと判断します)		Yes	No
The above student can return to school from: (以下の日付から出席してよいと判断します)	/ /		(y/m/d, 年/月/日)

Notes:

Doctor's Name / 医師名:	Doctor's Signature / サイン:	Date / 西暦:

Below this line is for Office Use Only

Date Received:	Received By:
Status: (Approved/Denied)	Decided By:
Notes:	
Form was scanned on:	Scanned by:
Form was added to online data on:	Added to online data by: