

To the attending physician:

from Sophia University

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 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 - -	

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

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

Influenza (A・B)	Cholera
Pertussis	Bacillary dysentery
Measles	Enterohemorrhagic Escherichia coli (0-157 etc.)
Epidemic parotiditis (mumps)	Typhoid
Rubella (three-day measles)	Paratyphoid
Chicken Pox	Epidemic keratoconjunctivitis
Pharyngoconjunctival fever	Acute haemorrhagic conjunctivitis
Tuberculosis	Other infectious disease (Epidemic vomiting diarrhea, Streptococcus hemolyticus infection, Mycoplasma pneumonia, Hand-foot-and-mouth disease, EV virus infection and so on)
Meningococcal meningitis	()

Date of first visit (m/d/yr): _____ (Time _____ am/pm)

Period that the student must remain off campus: (m/d/yr) from _____ to _____

Date:

Name and address of clinical institution:

TEL :

Signature of physician : _____ Seal

※ Student must submit this certificate to Health 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.】