岩国市立平田中学校

**季節性インフルエンザ罹患届**

|  |  |  |  |  |  |  |  |
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|  | 年 |  | 組 |  | 番 | 氏　名 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受診医療機関名 |  | | | | | | | | | | | | | | | | | | | | | | |
| 受診年月日 | 令和 | |  | | | 年 | | |  | | | | 月 | |  | | | 日 | |  | | 曜 | |
| 病名　インフルエンザ | **Ａ** |  | | **Ｂ** |  | | | **その他** | | | **(** |  | | | | | | | | | | | **)** |
| **Ａ**または**Ｂ**に○をつけ、**その他は（　　）**に記入 | | | | | | | | | | | | | | | | | | | | | | |
| 主治医から告げられた  休養期間 | 自　令和 | | |  | 年 | |  | | | 月 |  | | | 日 | |  | 曜 | |  | | 日間 | | |
| 至　令和 | | |  | 年 | |  | | | 月 |  | | | 日 | |  | 曜 | |

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| 罹患届提出日 | 令和 |  | 年 |  | 月 |  | 日 |

|  |  |  |
| --- | --- | --- |
| 保護者氏名 |  | 印 |

**※　この届けは保護者が作成し、提出してください。**