

# School Entry Medical Examination Form

(就学時健康診断票)

\* The parents/guardians should fill in the information outlined in red in advance.

(Please write names in Kanji as they appear on the family register.)

Child enrolling in school (就学予定児童)	Furigana (ふりがな)		Gender (性別)
	Name (氏名)		Male (男/ female (女)
	Date of birth (生年月日)		
Parents/ guardians name (保護者氏名)		Relation to child (続柄)	
Current address (現住所)			
Telephone number (電話番号)			

Circle the relevant items and write in the parentheses ( ) when

**O Diseases experienced (今までかかった病気)**

<b>Asthma</b> (ぜんそく)	age:	<b>Febrile convulsions</b> (熱性けいれん)	(age: )
<b>Kidney disease</b> (腎臓病)	age:	Disease name:	
<b>Heart disease</b> (心臓病)	age:	Disease name:	
<b>Other</b> (その他)	age:	Disease name:	
<b>Allergies</b> (アレルギー)	Yes	No	(Check one)
Principle disorders and causes: please write down the specific foods. (主な原因と症状:食品名等具体的に記入してください。)			
<b>Other disease or injury</b> (その他の病気またはけが)			
Disease/injury name:		(age: )	
Disease/injury name:		(age: )	
<b>None</b> (特になし)			

**O Vaccines received to date (今まで受けた予防接種)**

Hib	Pneumococcus (肺炎球菌)	Hepatitis B (B型肝炎)	BCG
<b>4 combined vaccines (Pertussis, diphtheria, tetanus, polio multiple vaccine)</b> (4種混合=百日咳,ジフテリア,破傷風,ポリオ複合ワクチン)			
Measles Dose I/Dose II (麻疹 I 期・II 期) Rubella Dose I/Dose II (風しん I 期・II 期)			
Chicken pox (水痘)	Japanese encephalitis (日本脳炎)		
Mumps (おたふくかぜ)	Oral rotavirus vaccine (経口ロタウイルス)		
Other ( )			

O Have you had a consultation with the Public Health Center, Rehabilitation Center, etc. about your child's development? \*Write the institution where the consultation took place in the brackets ( ) (お子さまの発達について保健所・療育センター等へ相談したことはありますか。※相談機関を( )に記載)

**Yes** ( ) • **No**

**O Precautions for the school regarding your child (学校へ連絡しておきたいこと)**

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\* The parents/guardians should fill in only the information outlined in red in advance.

(Write the venue designated on the notification in the space for the school name.)

School name (学校名)	Elementary School	No.	
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Medical Examination date (診断日)		Year	month	day
		年	月	日
Nutrition (栄養状態)	Malnutrition (栄養不良)	Ear, nose, throat disorder (耳鼻咽喉疾患)		
	Obesity (肥満傾向)	Eye disorder or trouble (眼の疾病及び異常)		
Spine (脊柱)		Teeth (歯)	Tooth decay (う蝕)	Baby teeth (乳歯) (未処置)
Chest (胸部)				Treated (処置)
Skin disease (皮膚疾患)		Permanent teeth (永久歯) (未処置)		
Vision (視力)	Right (右)	Treated (処置)		
	Left (左)	Untreated (未処置)		
Hearing (聴力)	Right (右)	Other tooth disease or trouble (その他の歯の疾病及び異常)		
	Left (左)	Oral disease or trouble (口腔の疾病及び異常)		
Other disease or trouble (その他の疾病異常)				
Doctor remarks (担当医師所見) (サイン)		(内)	(眼)	(耳)
Dentist or doctor remarks (担当歯科医師所見)(サイン)				
Follow up (事後措置)	Recommend treatment (治療勧告)			
	Health statement required for school entry (就学に関し保健上必要な 助言)			
	Other (その他)			
Notes (備考)				

# Notice of School Entry Medical Examination Results

(就学時健康診断結果のお知らせ)

Child's name		No.	
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To the parents/guardians (保護者の方へ)

Minato City Board of Education (港区教育委員会)

Results of today's medical examination

(check the appropriate box)

(本日の健康診断の結果)

**1. No trouble** (異常ありません。)

**2. The following disorder was found.**

(下記のとおり疾病異常があります。)

Please consult with or receive treatment from specialist doctor

immediately regarding the medical disorders circled below. (O

印の疾病異常について、速やかに専門医の治療・相談を受けてください。)

	Disorder name (疾病名)	
Internal medicine (内科)	1 Abnormal heart beat · Abnormal breathing sounds (心音異常・呼吸音異常)	
	2 Scoliosis (脊柱胸郭異常)	
	3 Skin disease (皮膚疾患)	
	4 Other (その他)( )	
Ophthalmology (眼科)	1 Conjunctivitis (結膜炎)	
	2 Eye infection (麦粒腫)(ものもらい)	
	3 Eyelid inflammation (眼瞼縁炎)	
	4 Inverted eyelashes (さかさまつげ)	
	5 Suspected vision trouble (視力異常の疑い)	
	6 Other (その他)( )	
Otorhinolaryngology (耳鼻咽喉科)	1 Earwax (耳垢)(みみあか)	
	2 Middle ear infection (中耳炎)	
	3 Sinus infection (鼻炎)	
	4 Sinusitis (副鼻腔炎)(ちくのう症)	
	5 Adenoid (アデノイド)	
	6 Enlarged tonsils (扁桃肥大)	
Dentist (歯科)	7 Suspected hearing trouble (聴力異常の疑い)	
	8 Other (その他)( )	
Instruction (指導)	1 Tooth cavity (むし歯)	
	2 Malocclusion (不正咬合)	
	3 Other (その他)( )	
Instruction (指導)	1 Poor posture (不良姿勢)	(Take care at home)
	2 Obesity (肥満傾向)	(家庭で注意してください。)
	3 Other (その他)	