

## Prescribed Form 1. School Entry Medical Examinations

※Fill out the portion outlined by black line, and bring

NO. \_\_\_\_\_

this form on the day of Examination.

					Date of Examination		DD. MM. 20__ YY.	
※ Student's name	Hiragana			sex	※ Parents/Guardian	Name		
	Student's name					Address		
	Date of birth	Heisei yy. mm. dd. Reiwa	age			Phone		
	Address	Kawaguchi City				Relationship to the student		
※ Medical history								
※ Vaccination history (Make a circle on the items the child has already taken)		① DPT-IPV (DPT-IPV-Hib) 【 Dose1 ・ Dose2 ・ Dose3 ・ Booster 】 Polio   【Immunized】 DPT     【Immunized】    ※ Check if the child is provided with these at IPV or DPT vaccination schedule. Not at the above DPT-IPV (DPT-IPV-Hib) schedule. ② MR       (measles & rubella) 【 Term1 ・ Term2 】 ③ Japanese encephalitis 【Dose1 ・ Dose2 ・ Booster】 ④ BCG       【Dose1】 ⑤ Hib        【Dose1 ・ Dose2 ・ Dose3 ・ Booster】 ⑥ Pneumococcal vaccination 【Dose1 ・ Dose2 ・ Dose3 ・ Booster】 ⑦ Chicken Pox   【Dose1 ・ Dose2】 ⑧ Hepatitis B   【Dose1 ・ Dose2 ・ Dose3】 ⑨ Mumps (optional) 【Dose1 ・ Dose2】 ※ Please check with your Mother-Child Health Handbook						
I Internal Medicine	Nutritional state	Malnutrition		III Otorhinological exam	Otorhinolaryngological problems			
		Obesity			Hearing ability	Right		
	Vertebral spinal					Cavities	Untreated	P
	Thorax				Treated		P	A
II Ophthalmological exam	Eye disease/abnormality			IV Odontological	Other dental diseases/abnormalities			
	Eye sight	Right	(        )		Oral diseases/abnormalities			
		Left	(        )					
V Other	Examination		<input type="checkbox"/> Provided					
	Other diseases/abnormalities							
Doctor's comment								
Dentist's comment								
Follow-up guidance	Advice to receive treatment							
	Specific advice before starting school							
	Others							
Remarks								