

Prescribed Form 1. School Entry Medical Examinations

※Fill out the portion outlined by black line,

NO. _____

and bring this form on the day of Examination.

					Date of Examination		YY. MM. DD		
※ Student's name	Hiragana				※ Parents/Guardian	Name			
	Student's name								
	Date of birth	YY. MM. DD.	age	age		Address			
	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 (Polio) 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	A
	Thorax					Treated	P	A	
II Ophthalmological exam	Eye disease/abnormality				IV Odontological exam	Other dental diseases/abnormalities			
	Eye sight	Right	()			Oral diseases/abnormalities			
		Left	()						
V Other	Examination		☐ Provided						
	Other diseases/abnormalities								
Doctor's comment									
Dentist's comment									
Follow-up guidance	Advice to receive treatment								
	Specific advice before starting school								
	Others								
Remarks									