

Health Survey

(Parents/guardians must fill out the form in advance and bring it with them on the day of the event.)

furigana Child's name				gender M • F	If you have concerns about your child's physical/mental health or behavior like the following, please circle the number. 1. needs assistance with dressing and undressing. 2. may not follow my instructions or repeat the same thing even after instructed so many times. 3. Sometimes looks like daydreaming/doing nothing. 4. may loose temper over trivial things. 5. cannot concentrate for a long time. 6. cannot sit still and moves around a lot. 7. often becomes too enthusiastic about one thing or focus on what s/he likes too much. 8. Does not show interest in letters or numbers. 9. There are things that worry me in terms of language development (pronunciation, the way of speaking, lack of words) 10. rarely interact with friends and often plays by him/herself. 11. may not be able to act in a group and may act as s/he wishes. 12. The way s/he uses hands and feet can be awkward. 13. I have concerns about my child's hearing ability. 14. I have concerns about my child's eyesight. 15. has had a seizure/spasm before. (Circle an applicable symptom - a febrile convulsion -Other) 16. has food allergies. If there is anything you think the school should know or anything you are worried about, write it down here.		
Date of birth	年 YYYY 月 MM 日 DD						
Parent's name		TEL					
Postal address							
History of illness (Put a circle on the applicable section)	Heart disease		Kidney disease				
	Asthma		Liver disease				
	Describe other illness(es) your child has ever had.						
History of vaccination /infection (Put a circle on the applicable section)	Name of vaccination	Vaccinated	Infected	Name of vaccination	Vaccinated	Infected	
	Haemophilus influenzae type B			Chicken pox			
	Pneumococcal infection			Japanese encephalitis	1st stage		
	Hepatitis B				1st	2nd	additional
	DPT-IPV (Diphtheria/Pertussis/Tetanus/Polio)			Mumps			
	BCG (Tuberculosis)			Rotavirus			
	Measles/Rubella	1st	2nd	Measles	Provide other vaccination if any (except for influenza).		
			Rubella				

※No need to fill out the following part

就学時健康診断票

医師使用欄				健康診断 年月日	年 月 日	
栄養状態	良好 ・ 要注意	眼の疾病 及び異常	なし ・ あり	う	永久歯	☐ なし ☐ 処置済み ☐ あり
肥満傾向	なし ・ あり				乳歯	☐ なし ☐ 処置済み2本以下 ☐ あり ☐ 処置済み3本以上
脊柱の異常	なし ・ あり	耳鼻咽喉 疾患	なし ・ あり	要観察歯 (C0)	☐ なし ☐ あり	
胸郭の異常	なし ・ あり	視力	右	()	むし歯に なりやすい 傾向	☐ なし ☐ あり
皮膚疾患	なし ・ あり		左	()	口腔の 疾病及び 異常	☐ なし ☐ あり ☐ 当日の指導 ☐ 地域の歯科医へ要相 ☐ あり ☐ 不正咬合 ☐ 要注意乳歯 ☐ 歯肉・歯周疾患 その他
その他の 疾病・異常	なし ・ あり	聴力	右			
			左			
就学に関し 保健上 必要な助言						
備考						

※学校医、学校歯科医の署名（もしくは押印）は、札幌市学校医等執務記録簿への署名（もしくは押印）を以て充て

札幌市教育委員会