

Kyoto International School Student's Health Record – Page 2

This page should be completed by parent

PAST HISTORY - CHECK (√) IF CHILD HAS HAD			
Strep throat (急性の咽の炎症)		German Measles (麻疹)/Rubella (風疹)	
Scarlet fever (猩紅熱)		Epilepsy/Seizures (てんかん)	
Rheumatic fever (リウマチ熱)		Mumps (おたふく風邪)	
Heart disease (心臓病)		Chickenpox (水ぼうそう)	
Diabetes (糖尿病)		Asthma (喘息)	
TB (結核)		Meningitis (髄膜炎)	
Serious Accident/Injury (Specify)			
Hospitalization (Specify)			
Surgery (Specify)			

LAST HEARING / VISION / DENTAL EXAMINATION			
	Date	Exam By	Results
Hearing			
Vision			
Dental			

IMMUNIZATIONS				
Vaccine	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
DTP / DT / TD (Diphtheria-ジフテリア, Pertussis-百日咳, Tetanus-破傷風)	/ /	/ /	/ /	/ /
Polio (ポリオ)	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /
Mumps (おたふく風邪)	/ /	/ /	/ /	/ /
Measles (はしか)	/ /	/ /	/ /	/ /
Rubella (風疹)	/ /	/ /	/ /	/ /
BCG	/ /	/ /	/ /	/ /
Japanese Encephalitis (日本脳炎)	/ /	/ /	/ /	/ /
Hepatitis B (B型肝炎)	/ /	/ /	/ /	/ /
Hepatitis A (A型肝炎)	/ /	/ /	/ /	/ /
Chicken Pox (水ぼうそう)	/ /	/ /	/ /	/ /
Hib (ヘモフィルス-インフルエンザb型菌感染症)	/ /	/ /	/ /	/ /
TB Screening (ツベルクリン反応)	Mo/Day/Yr	/ /	Result	
	Mo/Day/Yr	/ /	Result	
	Mo/Day/Yr	/ /	Result	

ALLERGIES: No Yes
Yes - Please specify the type of allergy (foods, insects, drugs, poisons, etc.), the severity (rash, difficulty breathing, etc.), and recommended treatment. Please also specify the dates and ages.

In the event of an emergency, I authorize Kyoto International School authorities to take whatever action they deem necessary.

Parent's Signature _____ Date _____