

# 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
DPT / DT / TD 三種混合ワクチン (Diphtheria-ジフテリア, Pertussis-百日咳, Tetanus-破傷風)	/ /	/ /	/ /
Polio (ポリオ)	/ /	/ /	/ /
DPT-IPV 四種混合ワクチン	/ /	/ /	/ /
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, pollens, etc.), the severity (rash, difficulty breathing, etc.), and recommended treatment.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_