



Health Form for Application to Kyoto International School

This page should be completed and signed by a physician.

Student Name	
Gender (Male/Female/unspecified)	
Date of Birth (dd/mm/yyyy)	

Height:		Weight:	
Temperature:		Pulse:	
Respiration:		Blood Pressure:	

Developmental assessment (発育評価)	
Integumentary system (皮膚)	
Eyes/Vision (視力)	Left: Right: Color/sensation:
Ears/Hearing (聴力)	Left: Right:
Throat/Tonsillar size (咽喉/扁桃腺 サイズ)	
Head/Face/Neck (頭部/顔面部/頸部)	
Respiratory system (呼吸器官)	
Lymphatic system (リンパ系)	
Cardiovascular system (心臓血管)	
Abdomen (腹部)	
Musculoskeletal system/Scoliosis (筋骨格系/脊柱側湾)	
Neurologic assessment (神経系)	
Genitalia (生殖器)	
Urinalysis-at doctor's discretion (尿検査-医師の任意)	
CBC-at doctor's discretion (全血球計算値-医師の任意)	
Renal profile-at doctor's discretion (腎臓側面-医師の任意)	
Chest X-Ray-at doctor's discretion (胸部レントゲン-医師の任意)	

The student has had a complete history and physical examination and demonstrates no evident problem that would interfere in the participation in regular class work, physical education or other sports activities.

Clinic's Name : _____ 印 _____

Address: _____

Doctor's
Signature: _____ Date: _____