



Student's Health Record

To be completed by a parent

PAST HISTORY - CHECK (✓) CHILD HAS HAD			
Strep throat (急性の咽炎の症)		German Measles (麻疹) Rubella (風疹)	
Scarlet fever (猩紅熱)		Epilepsy/Seizure (てんかん)	
Rheumatic Fever fever (リウマチ熱)		Mumps (おたふく風邪)	
Heart Disease (心臓病)		Chickenpox (水疱瘡)	
Diabetes (糖尿病)		Asthma (喘息)	
TB (結核)		Meningitis (髄膜炎)	
Serious Accident or Injury (Specify)			
Hospitalization (Specify)			
Surgery (Specify)			

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

ALLERGIES (Circle) No Yes
Specify type of allergy (food/insects/pollen/drugs etc)/severity (rash/difficulty breathing etc). Specify dates and ages of major allergic reactions.

DOES YOUR CHILD TAKE ANY MEDICATIONS AND FOR WHICH CONDITIONS?



IMMUNIZATION RECORD			
Vaccine	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
DTP/DT/TD (Diphtheria/Pertussis/ Tetanus (ジフテリア, 百日咳, 破傷風))			
Polio (ポリオ)			
MMR			
Mumps (おたふく風邪)			
Measles (麻疹)			
Rubella (風疹)			
BCG			
Japanese Encephalitis (日本脳炎)			
Hepatitis B (B型肝炎)			
Hepatitis C (C型肝炎)			
Chickenpox (水疱瘡)			
Hib (ヘモフィルスインフルエンザB型)			
TB screening (結核スクリーニング)		Result:	

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

Student Name: _____

Parent Name: _____

Date: _____

Signature: _____