

Health Inquiry Card

Shool name

grade		
Class		

This card is going to be used for your child to lead healthy and safety school life at the scine of regular medical check-up and everyday health guidance. Please write down each blanks and check each corresponding answers.

name		M • F	Date of Birth	year	month	day
guradian		address	Funabashi-shi			
Home	Emergency contact address (be able to contact certainly when injury and disea					
	•Father Business address					Phone
	•Mother Business address (including part-time job)					Phone
	•relatives ,neighbors,others () Phone
Medical Insurance	•yes national private () *no other options (
home doctor	Physician (Pedeatrician) name		phone			
	Surgeon (Orthopedist) name		phone			

Past illness (Please circle the name of the disease which you had in the past)					
measles	age	rheumatic fever	age		
chiken pox	age	convulsions	age		
german measles	age	kidney disease	age		
mumps	age	allergy to chemical	age		
whooping cough	age	athuma	age		
Kawasaki disease	age	others			
heart trouble	age		age		
If you have had operation, please write down about it.					
name of the disease () age ()	
name of the disease () age ()	
If you receive any treatment or check up at the hospital, please wirte down about it.					
name of the disease ()Hospital ()year month	

Health conditions

Please circle all corresponding answers.

year	year	Question
		Prohibited brisk exercises by doctor (reason:)
		tend to become feverish (when:)
		tend to suffer from headache (when:)
		ad to have an attack of anemia or feel dizzy (when:)
		are you allergic to anything? (when:)
		seems to have a curved back
		complain a mental disorder when he/she goes to school

others, if you have anything that you want inform the teacher or school , please write it down