

平成 年 月 日

保護者の皆様

船橋市立 小(中)学校
校長

修学旅行事前保健調査について

修学旅行をより健康で有意義に過ごすために保健調査を実施します。修学旅行中の健康管理及び事故防止のための資料となりますので、健康状態について詳しく記入してください。

修学旅行中の緊急時に備え、健康保険証のコピーを提出いただきますようお願いいたします。

記

1. 提出期限 月 日 ()

Date:

Dear Guardians,

Funabashi Municipal
Principal

Elementary (Junior High) School

Medical Questionnaire Prior to a School Trip

This is the pre-trip questionnaire regarding the health condition of each student. Guardians and students are required to complete the form and submit it to the school so that they can enjoy the trip in a good health condition, preventing any accidents.

Please also hand in a copy of your health insurance card in advance in case of any emergency.

Note

1 . When to submit: by _____

Medical Questionnaire Prior to a School Trip

Grade	Class	Number	Name	Guardians' Name
Questions		Answers		
What kind of illness have you suffered before?		Illness () When? ()		
Are you currently under the treatment at a hospital for any sickness or injuries?		Yes	No	
		Illness () How? ()		
Do you have a gastric or abdominal pain?		1. Have symptoms of chronic appendicitis. 2. Sometimes have pain in (stomach / abdomen). 3. Have no pain.		
Do you have a headache?		1. Always 2. Sometimes. 3. Have almost no headache.		
Do you have allergies such as urticaria?		Yes	No	
		Allergy to ()		
Do you have allergies against any medicines?		Yes	No	
		Medicine Name ()		
Do you have a fit such as asthma?		Yes	No	
		Symptoms, Effective medicine or Etc. ()		
Are you apt to get sick easily when riding on vehicles?		1. Yes. (light / severe) 2. No.		
Do you take any medicine regularly and have to carry it to the trip?		Yes	No	
		Medicine () Reason () How to use ()		
Describe the details if there's anything you're concerned or would like to mention for the school trip.				