

Medical Certificate for School Entrance

Check-up date								
S t u d e n t	Name		Gender	M / F		G u a r d i a n	Name	
	Date of Birth(M/D/Y)		Age				Address	
	Address						Relationship to Student	
Disease History								
Immunizations		Polio BCG DTP (Diphtheria · Whooping Cough · Tetanus ·) Measles I · II Rubella I · II Japanese Encephalitis						
Nutrition Condition				Ear, Nose, Throat Disease				
Backbone				Dermatology Disease				
Ribcage								
Vision	R			※ T e e t h	C a v i t y	Baby Teeth	Treated	
	L					Permanent Teeth	Untreated	
Hearing	R							
	L							
Eye Disease/Abnormality				Oral/Mouth Abnormality				
Any Other Disease, Abnormality								
Physician's Comments								
※Dentist's Comments								
Treatment Recommendation								
Necessary Advice for School Life				Sports Activities (Check Please)		Permitted / Not Permitted		
Physician's Signature								
Physician's Address								

※Not compulsory but recommended

Yokohama Christian School 66-2 Yamate-cho, Naka-ku, Yokohama 231-0862

TEL:045-651-5177 Email:school@yokohamaunionchurch.org