



HEALTH HISTORY INFORMATION

Child's name: _____ Gender: M F Date of Birth (M/D/Y) _____
Father's Work Phone: _____ Mother's Work phone: _____
Name of Doctor in Japan: _____ Doctor's Phone: _____
Doctor's Address: _____

MEDICAL HISTORY: (Please answer all the questions/age at onset)

Asthma: No Yes _____
Diabetes: No Yes _____
Heart Disease No Yes _____
Kidney Disease: No Yes _____
Seizures: No Yes _____
Major surgery/Accident: No Yes _____

ADD/ADHD: No Yes _____
Aspergers/Autism No Yes _____
What kind of support is necessary? _____

Allergies: No Yes *If yes, explain below:*
Food: _____ Reaction: _____
Medicine: _____ Reaction: _____
Other: _____ Reaction: _____
Exzema/Frequent Allergies: No Yes _____
Routine medications and reasons for taking them: _____

ILLNESS to date

Varicella (Chicken Pox) _____ Measles _____ Mumps _____
Rubella _____ Ear Discharge _____ Other _____

IMMUNIZATIONS RECORD Please record in detail your child's immunization history with dates or attach a photocopy of your child's medical booklet including immunization details.

DTaP (Diphtheria, Tetnus, Pertussis): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
MMR (Measles, Mumps, Rubella): 1. _____ 2. _____
MR (Measles, Rubella): 1. _____ 2. _____
Polio (IPV or OPV): 1. _____ 2. _____ 3. _____ 4. _____
Japanese Encephalitis: 1. _____ 2. _____
Hib (Haemophilus influenza type b): 1. _____ 2. _____ 3. _____ 4. _____
PCV (Pneumococcal Conjugate): 1. _____ 2. _____ 3. _____ 4. _____
Varicella: 1. _____ 2. _____
Mumps: 1. _____ 2. _____
Hepatitis B: 1. _____ 2. _____ 3. _____
Hepatitis A: 1. _____ 2. _____ 3. _____
Rotavirus: 1. _____ 2. _____ 3. _____
BCG: 1. _____
Tuberculin test: 1. _____
Tuberculin test: Date _____ Result _____
Other: _____

HEALTHY CHILD POLICY-- Illness can spread quickly at school. Children must be fit and well when they attend. If your child seems unwell, keep him or her at home. If your child appears unwell at school you will be contacted to take him/her home.