



HEALTH HISTORY AND CURRENT MEDICAL 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 INFORMATION: (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 \_\_\_\_\_

Allergies:  No  Yes If yes, explain below:
Food: \_\_\_\_\_ Reaction: \_\_\_\_\_
Medicine: \_\_\_\_\_ Reaction: \_\_\_\_\_
Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Eczema/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. \_\_\_\_\_
DPT-IPV: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
MMR (Measles, Mumps, Rubella): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
MR (Measles, Rubella): 1. \_\_\_\_\_ 2. \_\_\_\_\_
Polio (IPV or OPV): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
Japanese Encephalitis: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
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. \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_
Other: \_\_\_\_\_

