YOKOHAMA CHRISTIAN SCHOOL

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 *(Diptheria, 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:	_____				

DIAGNOSIS INFORMATION (fill out all pertinent sections):

Address: *66-2 Yamate-cho, Naka-ku, Yokohama 231-0862* ***Phone in Japan:*** *045-651-5177 (outside Japan 81-45-651-5177)* ***FAX in Japan:*** *045-651-5191 (outside Japan 81-45-651-5191)* ***Website:*** *www.yokohamaunionchurch.org* ***Email:*** *school@yokohamaunionchurch.org*

Mental/Psychological Disorder (including concerns):

❒ Anxiety ❒ Depression ❒ Bipolar ❒ Other:

Developmental Diagnosis (including concerns):

❒ Autism ( ) ❒ ADHD ❒ Learning Disability ( ) ❒ Other:

Congenital Anomalies ❒ Yes ❒ No Details:

Routine Medications

1) Name: Purpose: Amount/Frequency: Side effect:

2) Name: Purpose: Amount/Frequency: Side effect:

Serious Injuries/Accidents: ❒ No ❒ Yes
Details:

Any limitations in daily life?

Major Surgeries (Operations): ❒ No❒ Yes
Details:

Any limitations in daily life?

Other Medical concerns (if any):

Is the student currently receiving specialist treatment/therapy? ❒ Yes ❒ No
Details:

Unique Behaviors:

Please describe any unique behaviors your child might display at school and any pertinent information related that may help the school address these behaviors should they arise.

Has your child ever been involved in a physical altercation at school or at home? (e.g. fighting, outbursts, self-harm, violence towards people, animals or property)

I declare that the information that I have given in this form is true and complete and that I have not withheld any relevant information. If it is found that information has been willfully withheld from the school, this may result in a dissolution of the relationship between the student and family and YCS.

Name of Parent/Guardian Signature Date