

To be completed by the examining physician



YOKOHAMA CHRISTIAN SCHOOL

66-2 Yamate-cho, Naka-ku, Yokohama  
Kanagawa, 231-0862 JAPAN  
Tel: 045-651-5177 Fax: 045-651-5191  
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## Medical Certificate for School Entrance

						Check-up date				
Student	Name				Gender	M / F		Guardian	Name	
	Date of Birth(M/D/Y)				Age				Address	
	Address						Relationship to Student			
Height/Weight		cm / kg		Urinalysis		Sugar( ) Protein( ) occult Blood( )				
Disease History										
Immunizations		Polio BCG DTP ( Diphtheria • Whooping Cough • Tetanus ) Measles I • II Rubella I • II Japanese Encephalitis HepatitisB PCV Varicella								
Nutrition Condition				Ear, Nose, Throat Disease						
Spine				Dermatology Disease						
Ribcage				※ Teeth	Cavity	Baby Teeth	Treated			
Vision	R	( )					Untreated			
	L	( )								
Hearing	R					Permanent Teeth	Treated			
	L				Untreated					
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		
Others										
Physician's Signature										
Physician's Address										

※Not compulsory but recommended