|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 年 grade | 1 | 2 | 3 | 4 | 5 | 6 |
| 組 class |  |  |  |  |  |  |
| 番 number |  |  |  |  |  |  |

〈英語〉

**KENKOU CARD**(Health card)　**健康カード** p. 1

＊ This health card will be used at the clinic for student’s health control and guidance. This card will be used for 6 years so please keep it properly.

このカードは、保健室で児童の健康管理・保健指導に使います。

６年間使いますので、紛失しないように大切にしてください。

＊ If there is any other complicated issue about your child’s health, please inform us in another way.

記入しにくいことがありましたら、別の方法にてお知らせください。

＊**Please fill in with a pencil.** 鉛筆でご記入ください。

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ふりがな |  | 男・女  M F | Date of birth | 自宅  Home telephone |
| 児童名  Name of child |  | 年　 月　 日  (year) (month) (day) | － |
| 保護者名  Parent’s name |  | 住所  Adress | 豊橋市Toyohashi-shi | |

**○Health Insurance Card　保険証**

|  |  |  |  |
| --- | --- | --- | --- |
| 保険証の有無 Do you have a Health insurance card (Hokensho)? | 保険証の種類 Kind | 記号 Sign | 番号 Number |
| 有YES・無NO |  |  |  |

**○Emergency Contact Number　緊急連絡先**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 家族の在宅状況  Home condition | | | ・Someone is always at home. (Who? \_\_\_\_\_\_\_\_\_\_) 常時居る（誰が： ）  ・Someone is sometimes at home. 時々いない  ・No one is at home. いつもいない  ・Someone is at home from \_\_\_h\_\_\_min to \_\_\_h\_\_\_min 定時にいない(　　時　　分～　　時　　分)  ・Others( ) その他 | | |
| 優先  順位  Priority | 続柄  Relation | 氏名  Name | | 連絡先の名所  Place name | 電話番号  Telephone number |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |
| 日本語で確実に連絡がとれる緊急連絡先  Contact person who speaks Japanese. | | | |  |  |

**○かかりつけの医師**（かかりつけの医院がある場合のみご記入ください。）

**Family Doctor** (Please write if you have specific family doctors)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 科目  Specialities | 医療機関名  Name of hospital | 電話  Telephone | 科目  Specialities | 医療機関名  Name of hospital | 電話  Telephone |
| 小児科  Pediatric |  |  | 歯科  Dentistry |  |  |
| 外科  Surgeon |  |  | 眼科  Ophthalmology |  |  |
| 整形外科  Orthopedics |  |  | 耳鼻科  Nose/Ear Doctor |  |  |

**○Allergy　アレルギー**

|  |  |  |  |
| --- | --- | --- | --- |
| アレルゲン名（だめなもの）  Allergen name (name of allergic thing) | | | 症状・注意事項  Symptom, instructions |
| 食品類 Food | |  |  |
| 薬品類  Medicines | 外用薬  External application |  |  |
| 内服薬  Oral medicine |  |  |
| その他（動植物）  Others (Animals, Plants) | |  |  |

**Health Research Form 保健調査票** 〈英語〉

＊この調査は、お子さんの健康状態を知り、健康管理をするのに参考とする大切な資料のなりますので、ありのままをまれなくご記入願います。 p. 2

This research will be used in such a way to analyze the state of health. Fill it in as accurately as possible.

該当する学年の欄のあてはまるところに○をつけてください。

Please, write “O” in the pertinence column.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 項目 | | | １年  1stgr | | ２年  2ndgr | ３年  3rdgr | ４年  4thgr | ５年  5thgr | ６年  6thgr |
| 内科  Internal Medicine | 1 | ひきつけや気を失ったことがある  Has had convulsions and lost consciousness before. | |  | |  |  |  |  |  |
| 2 | めまいや立ちくらみをおこしやすい  Easy to get dizzy / feel faint. | |  | |  |  |  |  |  |
| 3 | よく頭が痛くなる  Often has headaches. | |  | |  |  |  |  |  |
| 4 | よくお腹が痛くなったり、下痢をしたりする  Often has stomach aches and diarrhea. | |  | |  |  |  |  |  |
| 5 | 便秘がちである  Often has constipation. | |  | |  |  |  |  |  |
| 6 | 喘息の発作がでやすい  Asthma attacks frequently. | |  | |  |  |  |  |  |
| 7 | 顔や手足がむくむことがある  Face, hands and feet get swollen sometimes. | |  | |  |  |  |  |  |
| 眼科  Ophthalmology | 8 | 目が赤くなりやすい  Eyes get red easily. | |  | |  |  |  |  |  |
| 9 | 目やにがでやすい  Often has eye mucus. | |  | |  |  |  |  |  |
| 10 | まぶしい感じがある  Feel dazzled. | |  | |  |  |  |  |  |
| 11 | 本やテレビを近づけて見る  Reads a book and watches T.V. in a close distance. | |  | |  |  |  |  |  |
| 12 | ぼんやりしている時や物を見つめる時、目つきがおかしい  Has a strange expression of the eyes when gaze blankly or staring objects. | |  | |  |  |  |  |  |
| 13 | 首を傾げて物を見る  Tilt his/her head when looking at objects. | |  | |  |  |  |  |  |
| 14 | 眼鏡・コンタクトレンズをしている  Wearing Eye glasses and contact lenses. | |  | |  |  |  |  |  |
| 耳鼻科  Otolaryngology | 15 | 耳だれがでる  Discharge from the ears. | |  | |  |  |  |  |  |
| 16 | テレビの音が大きい  Watches T.V. with loud volume. | |  | |  |  |  |  |  |
| 17 | 話し声が大きい  Always speak with loud voice. | |  | |  |  |  |  |  |
| 18 | かぜをひいていないのに鼻汁が多くつまる  Has a stuffy nose even without fever. | |  | |  |  |  |  |  |
| 19 | くしゃみ、水ばな、鼻づまりがある  Sneezing and has a running nose and nasal congestion. | |  | |  |  |  |  |  |
| 20 | よく鼻血をだす  Often has nosebleeds. | |  | |  |  |  |  |  |
| 21 | においがわからない  Cannot smell well. | |  | |  |  |  |  |  |
| 22 | のどを痛めてよく熱をだす  Easy to get fever due to throat problem. | |  | |  |  |  |  |  |
| 23 | 声やことばがおかしい  Has problem with voice and speaking ability. | |  | |  |  |  |  |  |
| 歯科  Odontology | 24 | 口が開きにくい  Has difficulty in opening the mouth. | |  | |  |  |  |  |  |
| 25 | 口を開ける時に、あごの間接が痛い  Jaw-joints ache when opening the mouth. | |  | |  |  |  |  |  |
| 26 | 口を開けたり閉じたりする時に、あごの間接のところで、ガクガクとか  ゴリゴリとか変な音がする  Creaking noise at the jaw-joints when opening and closing the mouth. | |  | |  |  |  |  |  |
| その他  Others | 27 | いずれにも該当しない  My child does not fall under any of the items. | |  | |  |  |  |  |  |
| 28 | その他、知らせておきたいことや気になることがありましたら、ご記入ください。  Please write here if you have any other concerns. | | | | | | | | |
| Grade 1年 | ２年 | | ３年 | | | | | |
| ４年 | ５年 | | ６年 | | | | | |

〈英語〉

**○**予防接種の状況（母子健康手帳を見てください） p. 3

**Vaccination** (Please check the maternity record book “BOSHI TECHŌ)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | ＢＣＧ  BCG (tuberculin) | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 2 | ＤＰＴ（ＤＴ）ジフテリア・百日咳・破傷風  Diphtheria, Whooping Couth, Tetanus | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 3 | ポリオ（急性灰白髄炎）  Poliomyelitis | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 4 | 麻しん（はしか）  Measles | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 5 | 風しん（三日はしか）  Rubella | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 6 | 日本脳炎  Japanese Encephalitis | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 7 | おたくふかぜ  Mumps | 接種済み  Vaccinated. | 未接種  Not yet | かかったことがある  Had the disease before. |
| 8 | 水痘（水ぼうそう）  Chicken Pox (varicella) | 接種済み  Vaccinated. | 未接種  Not yet. | かかったことがある  Had the disease before. |

**○既往症**（○をつけ年齢を書き込む）

**Past illnesses** (Please write “O” and age in the pertinence column.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | 心臓疾患  （病名） | Heart disease  (Name of disease: ) | 年齢　Age  ( ) years old |
|  | 腎臓疾患  （病名） | Kidney disease  (Name of disease: ) | 年齢　Age  ( ) years old |
|  | 肝臓疾患  　（病名） | Liver disease  (Name of disease: ) | 年齢　Age  ( ) years old |
|  | 川崎病 | KAWASAKI disease | Age ( ) years old |
|  | 溶連菌感染症 | Hemolytic streptococcus infectious disease | Age ( ) years old |
|  | 糖尿病 | Diabetes | Age ( ) years old |
|  | ひきつき・  けいれん | Convulsions・Cramp | Age ( ) years old |
|  | てんかん | Epilepsy | Age ( ) years old |
|  | ぜんそく | Asthma | Age ( ) years old |
|  | ｱﾄﾋﾟｰ性皮ふ炎 | Atopic dermatitis | Age ( ) years old |
|  | ｱﾚﾙｷﾞｰ性結膜炎 | Allergy-related conjunctivitis | Age ( ) years old |
|  | ｱﾚﾙｷﾞｰ性鼻炎 | Allergic nasal inflammation | Age ( ) years old |
|  | 中耳炎 | Otitis (inflammation of the middle ear) | Age ( ) years old |
|  | 弱視 | Weak eyesight | Age ( ) years old |
|  | 難聴 | Difficulty in hearing | Age ( ) years old |
|  | その他  （病名） | Others  (name of disease: ) | Age ( ) years old |

○既往症及び現在医師の診療をうけている病気を下の欄に記入してください。

|  |  |
| --- | --- |
| grade | **Write below if there is any under treatment or completed treatment disease.** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |