|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 | ＢＣＧBCG (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 |  |