

PERSONAL HEALTH QUESTIONNAIRE

個人健康調査

Name _____

answer the questions on this form. A complete and accurate record is important. If there is any update or change in this please inform the office.

Information:

Please sign at the bottom)

部にサインして下さい

The school should be aware of the following information about my child

校側が子供についての情報に続いて配慮すべきこと

General health conditions: 全体的な健康状態

Visual impairments 視力障害; Hearing impairments 聴覚障害; Dental problems 歯の諸問題; Speech delays 言葉遅れ;

Heart weaknesses 心臓衰弱; Seizures 発作; Asthma ぜんそく; Eating problems 食事問題; Bladder/bowel

problems 膀胱内臓問題; Frequent headache 頻繁な頭痛; Frequent cold 寒気; Anemia/blood disorder 貧血症、血液不調

Other その他 ()

allergies: アレルギー

Does your child have any life-threatening allergies? 生命に関わるアレルギーをお持ちですか

Yes (Please explain)

What is your child allergic to? お子さんがアレルギーを起こすものはなんですか

House dust 室内塵; Pollen ほこり; Animal dander 動物の羽毛, cats or dogs; Exercise 運動; Emotional stress 感情

stress; Changes in seasons 季節の変わり目; Changes in weather 天候の変化; Changes in humidity 湿度の変化;

or other ()

Food allergies 食べ物アレルギー;

Eggs 卵; Milk 牛乳; Beef 肉; Corn 穀物; Wheat 小麦粉; Soy bean 大豆; Peanut ピーナッツ; Pork 豚;

Shellfish 甲殻類; Honey はちみつ; Soba そば; Orange みかん; Potato ジャガイモ; Tomato トマト;

Wheat 小麦粉; Chocolate チョコレート; Coffee or tea; Other ()

Religious information 宗教的情報

Does your child have any religious requirements? お子さんはなにか宗教的制限をお持ちですか

Yes (Please explain)

Are there any restrictions we should be aware of? 教職員がなにか意識すべき制限はありますか

Yes (Please explain)

Other information: その他の質問

Does your child take any medication? お子さんはなにか薬を服用していますか

Yes (Please explain)

List your child's symptoms (cough, rash, wheeze, nasal symptoms etc.)

この症状を記載してください(咳、発疹、ぜんそくでゼーゼーする、鼻の症状など)

Does your child have any other health concerns or is having any treatment at the moment?

他に健康に関わることで現時点で何か治療していますか

Yes (Please explain)

Has your child had any serious injuries? お子さんは何か重症を負ったことがありますか

Yes (Please explain _____)

Has your child had any future surgeries? 過去にまたはこれから手術のご予定はありますか

Yes (Please explain _____)

Check the box for the permission チェックボックスに同意をお願いします:

Allow your child to have a birthday cake (once a month); PE lesson; Park

Thank you for taking the time to complete this form. It will provide valuable information to school personnel who may be involved in your child's education. この用紙にご記入ありがとうございます。

I hereby consent that this information can be released to school personnel whom it may concern.

Date / / _____

Parent Signature _____