

This survey slip will be used for reference during the health checkup. Fill out the following in regards to your child's health condition, etc.

Survey slip for the start-of-elementary-school health checkup

Hiragana	
Name of child	

Start-of-elementary-school health checkup notification number	
No.	(Write the "Start-of-elementary-school health checkup notification" number that is provided at the bottom of the Start-of-elementary-school notification.)

* Check your child's health on the day of the start-of-elementary-school health checkup before coming to the school. Do not let your child get the start-of-elementary-school health checkup if they have a fever (37.5°C or higher).

1. Circle the diseases that your child currently has, and write the details in the () of any diseases that your child has had in the past.

Disease	Currently has	Has had in the past	Disease	Currently has	Has had in the past
Heart disease		(Age:) (until age)	Diabetes		(Age:) (until age)
Heart disease Childhood tuberculosis		(Age:) (until age)	Kidney disease		(Age:) (until age)
Asthma		(Age:) (until age)	Convulsions Cramps		(Age:) (until age)
Food allergies (food name(s))		(Age:) (until age)	Measles		(Age:) (until age)
Allergies		(Age:) (until age)	Other		(Age:) (until age)

2 Circle the immunization shots that your child has received. If your child has never been immunized, circle [None].

• BCG [None / Finished]	• Has received MR (measles and rubella) shots [1st / 2nd]
• Has received DPT-IPV (whooping cough, diphtheria, tetanus, polio) shots [1st / 2nd / 3rd / 4th]	• Has not received MR shots
• Has not received DPT-IPV shots	• Measles (single) [None / 1st / 2nd]
• Polio (single) [None / Finished]	• Rubella (single) [None / 1st / 2nd]
• DPT (whooping cough, diphtheria, tetanus) [None / 1st / 2nd / 3rd / 4th]	• Japanese encephalitis [None / 1st / 2nd / 3rd]
• Chickenpox [None / 1st / 2nd]	• Hib infections [None / 1st / 2nd / 3rd / 4th]
• Hepatitis B [None / 1st / 2nd / 3rd]	• Pediatric pneumococcal vaccine [None / 1st / 2nd / 3rd / 4th]

3. Circle "(1) No" or "(2) Yes" depending on whether you have concerns regarding your child's listening and speaking. If you have concerns, circle the items from (2) to (6) that are applicable.

Do you have concerns regarding your child's listening and speaking?

* After admission, all students will undergo a hearing test with an audiometer during regular health checkups.

(1) No

(1) Yes

(1) If Yes, circle the items from (2) to (6) that are applicable.

(2) For items (2) to (6), have you ever had consultations or has your child ever been examined?

(2) My child seems to have difficulty hearing.

A Yes

a. Consultation with or examination by an ENT doctor

(3) You often have to repeat yourself.

b. Consultation with a rehabilitation center or other counseling institution

(4) Your child turns the TV volume high.

B No

Audiometer hearing test

(5) My child speaks slowly.

a' I do not wish to have my child's hearing tested with an audiometer.

(6) My child's pronunciation is unclear.

b' I wish to have my child's hearing tested with an audiometer.

4. Write any concerns you may have about your child's health.

~ * Double check to make sure you have completely filled out the slip. ~