Canadian International School, Tokyo

Students Health Record

Fill in by Pediatrician

Height: ____________ Weight: ____________

Vision:
Color Vision:
Hearing:
Repiratory system :
Circulatory system:

The child have/had:

- ☐ Heart disease
- ☐ Meningitis
- ☐ Rubella
- ☐ Strep throat
- ☐ Rheumatic Fever
- ☐ Mumps
- ☐ Chickenpox
- ☐ Scarlet fever
- ☐ Epilepsy
- ☐ Asthma
- ☐ Diabetes
- ☐ TB

Serious Accident/Injury: ____________

____

Hospitalization/Surgery: ____________

____

Allergies: ☐ Yes ☐ No

If yes, please state the details including the necessity of special care if any:

____

Restrictions: ☐ Yes ☐ No

This student may participate fully in the school program, including physical education and competitive sports. If yes, please list restrictions:

____

Fill in by Guardian

Student Name: ____________

Date of Birth: ____________ (mm/dd/yy)

Gender : ☐ Male ☐ Female

Emergency Contact Number: 1 ____________ 2 ____________

Child lives with : ☐ Parents ☐ Others

If others, Name: ____________

Contact No: ____________

Required Immunizations			
Vaccine	mm/dd/yy	Vaccine	mm/dd/yy
Mumps		Measles	
Hept B		MMR	
		Rubella	
DTP/ DT/TD			
		Polio	

Recommended Immunizations			
Vaccine	mm/dd/yy	Vaccine	mm/dd/yy
Hib		Japanese Encephalitis	
		BCG	
		Chicken Pox	
		Hept A	

Name of the clinic: ____________

Pediatrician's Name: ____________

Signature: ____________ Date : / /