CHILD'S HEALTH REPORT <FORM 3 : 様式3>

Fill-in Date: / /

Name of the child : _____ year(s) and _____ months old (as of fill-in date) Date of birth : / /

Birth Conditions	Condition at birth	☐Normal	☐Premature ☐Incubation ☐Asphyxia ☐Other( )
	・Weight at birth( )g ・Current weight( )kg & height ( )cm		
	・Gestation period( )weeks ・Baby's condition ☐Normal ☐Abnormal⇒Diagnosis ( )		
	Type of nutrition	☐Breast milk ☐Mix ☐Baby formula ☐Baby food (times/day: stage 1・2・3) ☐Regular food	
Health Condition	Health checkups received	☐1 mo. ☐3-4mo. ☐6-7mo. ☐9-10mo. ☐1yr. ☐18mo. ☐3yr.	
	Record of health checkups	☐No problem ☐Point noted/observation-needed ( )	
	Any congenital/chronic diseases, or developmental counseling	☐No	☐Yes ⇒ Why? ( ) Name of medical facility ( ) Treatment receiving ( ) Medication (☐Yes ☐No), Frequsncy (times/week・month・year)
	Any major illnesses or injuries	☐No	☐Yes ⇒ When? (at yr, mo. old) Disease/injury name( ) Name of medical facility ( )
	When was the first time your child was able to do these actions?	・Held his/her head steady (at mo. old / not yet) ・Sat without support (at mo. old / not yet) ・Crawling (at mo. old / not yet) ・Pulled him/her-self up (at mo. old / not yet) ・Walking (at mo. old / not yet)	
	Any allergies, etc.	☐No	☐Food (Food allergen:) ☐Asthma ☐Atopy ☐Other ( ) Past anaphylactic shocks (at yr, mo. old), most recent one (when?)
	Any convulsions or seizures	☐No	☐Yes ⇒ (times), (at yr. mo. old), Cause ( )
	Hold a Disability or Rehabilitation Certificate, etc.	☐No	☐Yes ⇒ ☐ Physical ☐ Rehabilitation ☐ Mental Disability grade ( )

Immunizations

Check box for completed vaccinations

☐Hib (Haemophilis Influenzae type B) ☐Infant Pneumococcus ☐Rota ☐DPT-IPV(Diphtheria-Pertussis-Tetanus-Imovax Polio)
☐Japanese Encephalitis 1st term ☐Hepatitis B ☐BCG ☐Chicken Pox ☐MR (Measles & Rubella) 1st term
☐Mumps ☐MR (Measles & Rubella) 2nd term

Development

Circle Yes or No for each point below to answer whether it applies to your child	0 – 1 yr old graders	2– 5 yr. old graders
① Does your child laugh out loud?	Yes・No	Yes・No
② Does your child respond or look around when called?	Yes・No	Yes・No
③ Does your child point to the thing he/she wants?	Yes・No	Yes・No
④ Does your child understand simple words (i.e. "come here" and "give me", etc.) from the adults?	Yes・No	Yes・No
⑤ Does your child talk some words with senses? (i.e. "mommy" and "yum-yum", etc.)	Yes・No	Yes・No
⑥ Does your child use (or try to use) a spoon/chopsticks to feed him/her-self?	Yes・No	Yes・No
⑦ Can your child understand and follow simple commands, such as "get me ○○", etc.?	Yes・No	Yes・No
⑧ Does your child speak 2-word sentences? (i.e. "Puppy came" and "I'm hungry", etc.)	Yes・No	Yes・No
⑨ Has your child troubled you with his/her stubbornness, tantrums, and/or screams?	No・Yes	No・Yes
⑩ Do you have any concerns for your child upon spending time in a group living?	No・Yes	No・Yes
⑪ Can your child tell his/her own name in full?		Yes・No
⑫ Can your child change clothes on his/her own?		Yes・No
⑬ Does your child tell (or try to tell) you what they have experienced?		Yes・No
⑭ Can your child play following rules and keeping promises?		Yes・No
⑮ Has your child troubled you because he/she is restless, moving around and cannot stay in one place, forcing you to keep an eye on them constantly?		No・Yes

※ If you answered "Yes" to any of ⑨, ⑩, and/or ⑮ above, please describe in detail.

Please contact the Nursery School Admissions Office (047-366-7351) anytime if there are any changes to your child's health condition ※Depending on your child's situation, we may also ask you to submit a Child Health Questionnaire (Form 3-2)