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 : / /

Please be sure to provide accurate and detailed information about your child's health status, as this information is very important for the admission process. Admission may be revoked if it is found that the information on the application is insufficient, untrue or falsified.

⇒ ☐ **I agree** (Please check if you agree)

※Please contact the Nursery School Admissions Office (047-366-7351) anytime if there are any changes to your child's health condition

Place a check ✓ next to all applicable items and provide specifics in parentheses () for the following.

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 Does your child tell (or try to tell) you what they have experienced?		Yes・No
⑫ Can your child play following rules and keeping promises?		Yes・No
⑬ 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 ⑬ above, please describe in detail.

※Depending on your child's situation, we may also ask you to submit a Child Health Questionnaire (Form 3-2)