

CONFIDENTIAL

# Health Survey Form

Name			Gender
			M / F
Grade, classroom, and number	1st grade	Classroom:	No.:
	2nd grade	Classroom:	No.:
	3rd grade	Classroom:	No.:
	4th grade	Classroom:	No.:
	5th grade	Classroom:	No.:
	6th grade	Classroom:	No.:

Please fill in this form as it will be used for students' health checkups. Store it carefully since it will be used for six years.

\*Please enter the student's name on each page.

Name
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Circle any illnesses with which the student has been diagnosed and enter his or her age or other requested information in the parentheses.

Measles	Rubella	Chicken pox	Mumps
Diabetes (age: )	Kidney disease (age: )	Heart disease (age: )	Liver disease (age: )
Tuberculosis (age: )	Serious injury (description: )		
Surgery (description: )			age: )
Other illness (name: )			age: )

Circle any vaccines that the student has been given.



(保健調査票)

	Discharge from ears						
Nose	Frequent stuffy nose						
	Nasal discharge						
	Frequent sneezing						
	Difficulty sensing smells						
	Frequent nosebleeds						
Throat	Frequent sore throat						
	Frequent hoarseness						
	Difficulty speaking; choking						
Date of entry	(Note any ear, nose, or throat conditions from which the student suffered over the last year as well as any current concerns.)						

**Ophthalmology**

Illness/condition		1st grade	2nd grade	3rd grade	4th grade	5th grade	6th grade
Wore glasses due to far-sightedness before enrollment (age: )		Had surgery to correct squinting (age: )					
Vision test	Unaided vision	Right					
		Left					
	Corrected vision	Right					
		Left					
Condition for which treated by ophthalmologist (after the fact)							
Current use of glasses or contacts (C: Contacts; G: Glasses)		G / C	G / C	G / C	G / C	G / C	G / C
Discharge from eyes, bloodshot eyes, itchiness							
Date of entry	(Note any eye conditions from which the student suffered over the last year as well as any current concerns.)						

**Dentistry**

Illness/condition		1st grade	2nd grade	3rd grade	4th grade	5th grade	6th grade
Jaw	Pain in jaw when opening mouth						
	Unusual sound when biting						
Teeth	Bleeding of gums when brushing teeth						
	Occasional toothache						
	Tooth pain triggered by water						
Date of entry	(Note any tooth-related concerns.)						