



Student Health History

Please submit to school nurse

This form must be submitted before student's first day at BST

BST 入学初日までに必ず提出してください

Personal Details

Pupil Last name			
Forename(s)			
Year Group		Normal body temperature	°c

Medical History

Condition	No	Yes (please give details)
Asthma ぜんそく		
Diabetes 糖尿病		
Seizures (Fits) けいれん		
Serious Injuries or Accidents 大きなケガ又は事故		
Eye Glasses or Contacts 眼鏡又はコンタクト		
Hearing Difficulty 難聴		
Physical limitations that may affect participation in school activities 学校生活上の行動制限		
Allergies (Drugs, Food, Environmental, etc.) アレルギー (薬品、食品、環境、その他)		
Other Health Concerns その他、健康面で気になること		
Routine Medication; list and reason for taking (attach paper if needed more space.) 常用している薬、常用している理由 (必要であれば、別紙を添付して下さい。)		

Immunisation

Please fill dates of which your child had received, or attach copies of your records.
 接種を受けた日付を記載するか、お手元の記録のコピーを添付して下さい。

	Vaccination Date (dd/mm/yyyy)	Had illness (mm/yyyy)
Diphtheria/Pertussis/Tetanus (DPT) First Series 三種混合 (ジフテリア・百日咳・破傷風)		
Tetanus/ Diphtheria (Td) or (TD) Booster ジフテリア・破傷風		
Polio/ ポリオ		
Combined Measles, Mumps & Rubella (MMR) 新三種混合 (はしか・おたふく風邪・風疹)		
Measles はしか		
Rubella 風疹		
Mumps おたふく風邪		
Hib ヘモフィルスインフルエンザ b 菌		
Hepatitis A A 型肝炎		
Hepatitis B B 型肝炎		
TB Test ツベルクリン反応		Result 結果:
BCG		N/A
Meningitis C C 型髄膜炎		
Chickenpox 水ぼうそう		
Other その他		

Medical Consent

(This will be used only if we cannot contact you directly at the time of injury or illness.)
 If I cannot be reached to give my consent to emergency procedures, I hereby give my permission for The British School in Tokyo to seek medical treatment for my child in case of injury or illness, which occurs while participating in school-sponsored activities.
 (Alternative contact details if parent not available e.g. helper/minder/family member)

Parent's Signature: _____

Date: _____

Name _____ Tel: _____ Relationship: _____

School Use only

Checked by School Nurse _____

Signature: _____

Date: _____