



# Kyoto International School Student's Health Record - page 1

This page should be completed and signed by a physician.

Student's name  (F)  (M)  (L)

Sex M/ F Date of Birth  (M)  (D)  (Y)

Height:  cm. Weight:  kg.  Temperature:

Pulse:  Respiration:   Blood Pressure:

Developmental assessment (発育評価)	
Integumentary system (皮膚)	
Ears/Hearing (聴力)	Left: _____ Right: _____
Eyes/Vision (視力)	Left: _____ Right: _____ Color Sensation (色覚) _____
Throat/Tonsillar size (咽喉/扁桃腺 サイズ)	
Head/Face/Neck (頭部/顔面部/頸部)	
Respiratory system (呼吸器官)	
Lymphatic system (リンパ系)	
Cardiovascular system (心臓血管)	
Abdomen (腹部)	
Musculoskeletal system/Scoliosis (筋骨格系/脊柱側湾)	
Neurologic assessment (神経系)	
Genitalia (生殖器)	
Urinalysis-at doctor's discretion(尿検査-医師の任意)	
CBC-at doctor's discretion (全血球計算値-医師の任意)	
Renal profile-at doctor's discretion (腎臓側面-医師の任意)	
Chest X-Ray-at doctor's discretion (胸部レントゲン-医師の任意)	

**The student has had a complete history and physical examination and demonstrates no evident problem that would interfere in the participation in regular class work, physical education or other sports activities.**

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_