

**Public Health Protection Department- School Health Section**

**Student Medical Form & General Consent**

Student Photo  
こちらに貼らずにご提出ください。

**Dear Parent/ Guardian of the Student:**

Please fill the following form accurately to ensure maintaining and monitoring your child's health and wellbeing during the school year

School Information	
School Name: Japanese School	Grade: 学年 Section: .....
Student Information	
Student Full Name: 生徒氏名	Gender: 性別
Date of Birth: 誕生日 日/月/年	Nationality: 国籍
Parent or Legal Guardian Name: 保護者氏名	Relationship: 続柄
Mobile Number (1): 保護者携帯番号	Mobile Number (2): 保護者携帯番号その2
E-Mail: 保護者メールアドレス	Emirate: Dubai
In case of Emergency and we are unable to reach the parent/guardian, the following person can be contacted:	
Name: 緊急時の連絡先	Relationship: 続柄
	Mobile Number: 緊急先の携帯番号

Required Attachments			
Student's Emirates ID Copy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	ID Number: エミレーツIDカード番号 未取得の場合空欄のままで結構です 入学時の提出書類に含まれるEmirates IDのコピーの事です。
Student's Passport Copy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	入学時の提出書類に含まれるパスポートのコピーの事です。
Original Vaccination Card or Updated Copy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	入学時の提出書類に含まれる母子手帳またはVaccine card のコピーの事です。
Health Card Copy (if any)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Health Card Number: 特に記載しなくて構いません
Health Insurance Card Copy (if any)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	各ご家庭で加入されている医療保険の事です ご提出は不要です

Student Medical History				
	Health Problem	Yes	No	Comments
1	Does the student suffer from any allergy to medicine, food, dust, etc? If yes, please specify in comments アレルギー疾患			
2	Does the student suffer from any Cardiovascular problem? 心臓疾患			
3	Does the student suffer from Diabetes? 糖尿病			
4	Does the student suffer from Hypertension? 高血圧			
5	Does the student suffer from Bronchial Asthma? 気管支炎 喘息			
6	Does the student suffer from any Renal Problem? 腎臓疾患			
7	Does the student suffer from Epilepsy or Convulsion seizures? てんかん発作			
8	Does the student suffer from Epistaxis? 鼻血			
9	Does the student suffer from Hemolytic Anemia, type G6PD? 溶結性貧血			

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10	Does the student suffer from any Hereditary Blood Disease (e.g. Thalassemia, sickle cell anemia, Hemophilia)? If yes, please specify in comments	遺伝性血液疾患 (サラセミア、鎌状赤血球症、血友病など)			
11	Does the student suffer from any Skin Problem? If yes, please specify in comments	皮膚疾患			
12	Does the student suffer from any Eye problem (Myopia, Hyperopia...)? If yes, please specify in comments	目の疾患			
13	Does the student suffer from any Hearing problem? If yes, please specify in comments	聴覚障害			
14	Does the student use any medical aid device? If yes, please specify the device details in comments	医療補助装置の使用歴			
15	Did the student undergo any surgery in the past? If yes, please specify the details in comments	手術歴			
16	Was the student ever hospitalized? If yes, please specify the reasons in comments	入院歴			
17	Does the student have any health condition that could weaken the immune system such as Cancer (Blood cancer, Lymphoma), or an organ transplant? If yes, please specify in comments	血液のがん、リンパ腫、免疫低下をもたらすもの、臓器移植			
18	Did the student get any blood, antibodies or plasma transfusion in the past? If yes, please specify details in comments	輸血歴			
19	Did the student suffer from any of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), If yes, please specify details in comments	おたふく風邪、麻疹、ジフテリア、百日咳、水ぼうそう、結核			
20	Did the student suffer from Viral Hepatitis? If yes, please specify details in comments	ウイルス性肝炎			
21	Did the student suffer from Poliomyelitis (Infantile paralysis infection)? If yes, please specify details in comments	ポリオ			
22	Does the student suffer from any Mental or Behavioral Problem? If yes, please specify in comments	精神疾患 行動障害			
23	Does the student suffer from any other Problem or disease not mentioned here? If yes, please specify in comments	その他			

**If the student suffer/suffered from any of the health problems mentioned or not mentioned above, please answer the following questions**  
上記で該当するものが1つでもある場合、または該当するものがない場合でも、現在服用している薬剤などあればご記入下さい。

**Medications or Treatments taken continuously** 継続して服用している薬  
**Medicine Name:** ..... **Dosage:** .....

**Emergency Medications** 救急で服用する薬  
**Medicine Name:** ..... **Dosage:** .....

**Any treating Doctor instructions on Student's nutrition**  
 医療中の医師による栄養指導

**Any treating Doctor instructions on Student's physical activity and exercise**  
 医療中の医師による身体活動の指導

**Any treating Doctor instructions for Student's School Doctor/Nurse to apply during the school day**  
 在校時において、医師、看護師に知らせておきたい事項

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Family Medical History 家族の病歴				
	Health Problem	Yes	No	Comments
1	Any Cardiovascular problem and Hypertension 心血管疾患、高血圧			
2	Diabetes 糖尿病			
3	Any Hereditary Blood Disease (e. g. Thalassemia, sickle cell anemia, Hemophilia) 遺伝性血液疾患 (サラセミア、鎌状赤血球症、血友病など)			
4	Any type of Cancer がん			
5	Any Immune System problem 免疫疾患			
6	Any Mental Health problem 精神疾患			
7	Others, please specify in comments その他			

I agree for my child to have curative and/or preventive services that may include first aid, screening for height, weight, vision acuity, hearing test, dental checkup, Comprehensive Medical Examination, referral to emergency room when necessary, administer emergency medications when needed, and applying the Healthcare Management plan which is planned for based on the instructions of the treating doctor and parents.  
私は、私の子供に、応急処置、身体測定、視聴覚検査、歯科検診の予防的措置、必要に応じて、救急搬送、緊急医療措置、投薬を施すことに同意します。

**Parent/ Guardian approval and verification for the above mentioned information**  
以上申告した情報に間違いありません。

I certify that the above provided information are valid  
下記のいずれかに✓をして下さい

I agree for my child to be provided with the above mentioned health services according to the need  
上記の医療措置を、必要に応じて、子供が受けることに問題ありません。

I disagree for my child to be provided with the above mentioned health services (In case of refusal, the above services will not to be offered except in emergency situations which require immediate intervention)  
上記の医療措置を、子供が受けることに同意しません。 Type text here

Parent /Guardian Name: ..... 保護者氏名 ..... Relationship: ..... 続柄 .....

Parent/ Guardian Signature: ..... 保護者サイン ..... Date: ..... 記入日 .....

**Notes**

- Please attach medical reports about the Student's health problem, if any
- It is the responsibility of the Student's Parent/ Guardian to inform the school clinic of any changes in the Student's health status and submit medical reports accordingly to update the Student's Medical Record at School.

Please contact the School Doctor/Nurse if there are any queries

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