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Public Health Protection Department- School Health Section
Student Medical Form & General Consent

Student
Photo

Dear Parent/ Guardian of the Student:

写真はここに貼らずにそのままご提出ください

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

School Information	
School Name: Japanese school	Grade: 学年 Section:
Student Information	
Student Full Name: 生徒氏名	Gender: 性別 (M 男 F 女)
Date of Birth: 生年月日 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:
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Emirates IDのコピーのことです。
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のコピーのことです。
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ことです ご提出は不要です

Student Medical History			
生徒の病歴について、YESまたはNOに✓をしてください			
Health Problem	Yes	No	Comments
1 Does the student suffer from any allergy to medicine, food, dust, etc? If yes, please specify in comments 薬、食品、ハウスダストなどアレルギー疾患はありますか			もしあれば具体的に記入してください
2 Does the student suffer from any Cardiovascular problem? 心臓疾患を患っていますか			
3 Does the student suffer from Diabetes? 糖尿病を患っていますか			
4 Does the student suffer from Hypertension? 高血圧ですか			
5 Does the student suffer from Bronchial Asthma? 気管支炎、喘息もちですか			
6 Does the student suffer from any Renal Problem? 腎臓疾患はありますか			
7 Does the student suffer from Epilepsy or Convulsion /seizures? てんかん発作、痙攣、ひきつけなどありますか			

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.14_F08	02	Nov 20, 2023	Nov 20, 2023	Nov 20, 2026	1/1

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8	Does the student suffer from Epistaxis? 鼻血はよく出ますか			
9	Does the student suffer from Hemolytic Anemia, type G6PD? 溶血性貧血を患っていますか			
10	Does the student suffer from 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) 患っていますか If yes, please specify in comments			
11	Does the student suffer from any Skin Problem? 皮膚疾患はありますか			
12	Does the student suffer from any Eye problem (Myopia, Hyperopia...)? If yes, please specify in comments 目の疾患 (近視、遠視など) はありますか			
13	Does the student suffer from any Hearing problem? 聴覚障害はありますか			
14	Does the student use any medical aid device? If yes, please specify the device details in comments 医療補助装置を使用していますか			
15	Did the student undergo any surgery in the past? If yes, please specify the details in comments 手術歴があれば記入してください			
16	Was the student ever hospitalized? 入院歴があれば記入してください If yes, please specify the reasons in comments			
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 癌 (血液のがん、リンパ腫など) のような免疫低下をもたらすもの、臓器移植があれば記入してください			
18	Did the student get any blood, antibodies or plasma transfusion in the past? 輸血や抗体療法、プラズマ療法などをうけたことがありますか。			
19	Did the student suffer from any of the following diseases: (Mumps, Measles, Diphtheria, Pertussis, Chickenpox, Tuberculosis), おたふくかぜ、麻疹、ジフテリア、百日咳、水ぼうそう、結核にかかったことがありますか If yes, please specify details in comments もしあれば、いつ何にかかったか記入してください			
20	Did the student suffer from Viral Hepatitis? ウイルス性肝炎にかかったことがありますか			
21	Did the student suffer from Poliomyelitis (Infantile paralysis infection)? ポリオ (小児麻痺) にかかったことがありますか			
22	Does the student suffer from any Mental or Behavioral Problem? If yes, please specify in comments 精神疾患 行動障害を患っていますか			
23	Does the student suffer from any other Problem or disease not mentioned here? If yes, please specify in comments その他の疾患など気になることがありますか			

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

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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			
..... 在校時において、医師、看護師に知らせておきたい事項			
Family Medical History 家族の病歴			
	Health Problem	Yes	No
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. Thalassaemia, 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 癌		
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, Back examination scoliosis screening, 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			
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。			
<input checked="" type="checkbox"/> I certify that the above provided information are valid			
<input type="checkbox"/> 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、子供が受けることに問題ありません。			
<input type="checkbox"/> 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。			
Parent /Guardian Name:		Relationship:	
Parent/ Guardian Signature:		Date:	
Notes 必要であれば、医師の報告書などを提出してください			
<ul style="list-style-type: none"> • 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 			
生徒の健康状態に変化があった場合は、すみやかにお知らせください			

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
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School.
<ul style="list-style-type: none">• This consent has to be filled each academic year and updated whenever required

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

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.14_F08	02	Nov 20, 2023	Nov 20, 2023	Nov 20, 2026	4/1