

Osaka YMCA International School

Fully Accredited (PK-6) by the Schools Commission of the Western Association of Schools and Colleges.

Health Record

Student Name (生徒氏名)

Today's Date (記入日)

Birth Date (生年月日)

Male (男子) Female (女子)

Grade (学年)

Age (年齢)

Name of Doctor (医師名)

Doctor's Phone Number (医師の電話番号)

Signature of Seal

医師の署名もしくは証明印

- Doctor – please describe any deficiencies or abnormalities in the following categories.

特に異常が見られる場合はご説明下さい。

Height (身長)

Weight (体重)

Eyes (視力) : Right (右)

Left (左)

Color Sensation (色覚)

Hearing (聴力) : Right (右)

Left (左)

Respiratory (呼吸器系)

Cardiovascular (循環器系)

Liver (肝臓)

Spleen (脾臓)

Musculoskeletal (筋骨格系)

Skin (皮膚)

Neurological (神経系)

Laboratory Urinalysis (尿検査) : Protein (蛋白)

Sugar (糖)

Allergies (アレルギー) :

Drug (薬)

Food (食物)

Other (その他)



Osaka YMCA International School (OYIS)

1-2-2-800 Benten Minato-ku OSAKA 552-0007 JAPAN

TEL:06(4395)1002 FAX:06(4395)1004

Homepage:<http://www.oymis.org>

E-mail:general-inquiry@oymis.org



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Immunizations – most of the following immunizations should be administered before attending school. Please contact your physician for further details.

予防接種- 入学前に下記の予防接種について医師にご相談下さい。

Name 名称	Dates Received
DPT (三種混合ワクチン)	1. / / 2. / / 3. / / 4. / /
DT (二種混合ワクチン) Age 11-12	1. / /
BCG (BCG)	1. / /
Polio (ポリオ)	1. / /
MR (麻疹/はしか・風疹 混合)	1. / / 2. / /
Japanese Encephalitis (日本脳炎)	1. / / 2. / / 3. / / 4. / /
<i>Additional vaccination record</i>	
Mumps おたふく風邪 (任意)	1. / /
Chicken Pocks 水痘 (任意)	1. / /

Additional Notes (その他)

Medical Reasons Limiting Participation in Sports or Activities (運動の制限の有無)

Yes (有) No (無)

Comments/Details (その理由)

Additional Notes (その他)

Parent's Name

Parent's Signature



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