

Health inquiries (Heart Disease)

一社)日本健康倶楽部 沖縄支部

To guardian
Please tell us about your child's health condition, especially heart disease. In Japanese school, we strongly focus on heart health to promote whole health and spend comfortable school life. So we need parent's information and cooperation.
* We will use your child's information only for medical check-up.

School name	Grade	Class	ID(No.)	Name	Sex		Date of Birth		
					M	F	month	day	year

※ Check from the number below and answer the question.

Q1 Have your child suffered from heart disease before ?

No If Yes

• → (1) How old ? _____ years old _____ months

(2) Name of Hospital _____

(3) What diagnosis ? (Congenital heart disease, an irregular pulse, other)

(4) What kind of treatment ? _____

Normal at the detailed inspection

_____ years old _____ months

Name of Hospital

Surgical operation

_____ years old _____ months

Name of Hospital

Treat periodically

Name of Hospital

No treatment

Other (in detail _____)

Q2 Have your child suffered from Kawasaki disease before ?

No If Yes

• → (1) How old ? _____ years old _____ months

Name of Hospital

(2) Were there any difficulties with the heart ?

Yes No No Idea

(3) Dose your child receive medical treatment periodically ?

Yes

Name of Hospital

No

Q3 Have your child ever experienced symptom below (within 1 year) ?

No Yes

- Irregular pulse
 • Heart beats fast abruptly
 • Faintness
 • Disorder in chest

Q4 Does your child have relatives (Parents, Brother, Sister, Grandparents) below the question ?

No Yes

- We have relatives who died suddenly or died of unknown cause under the age of 40.
 • We have relatives who have Hypertrophic cardiomyopathy, Dilated cardiomyopathy, Restrictive cardiomyopathy, or died.

学校記入欄

***** (Please do not fill in guardian under the future) *****

学校医所見 (1.なし 2.あり)

- 異常心音、心雑音、脈の不整
 胸郭変形(膨隆・扁平・漏斗胸)
 その他(_____)

養護教諭、担任、体育教諭などからの情報、意見