



Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder
It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
Information Security Classification: Open Shared -Confidential Shared-Sensitive Shared-Secret

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

Student
Photo

写真はここに貼らずにそのまま提出ください

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 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: 未取得の場合は空欄で構いません 入学時の提出書類に含まれるEmirates IDのコピーのことです
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:空欄のままでも構いません.....
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			

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



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			
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? 医療補助装置を使用していますか If yes, please specify the device details in comments			
15	Did the student undergo any surgery in the past? 手術歴があれば記してください If yes, please specify the details in comments			
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（血液の癌、リンパ腫など）のような免疫低下をもたらすもの、臓器移植はありますか			
18	Did the student get any blood, antibodies or plasma transfusion in the past? 輸血、抗体療法、プラズマ療法を受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、水痘瘡、結核にかかったことがありますか If yes, please specify details in comments 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? ウィ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あるなしにかかわらず、下記の質問に回答してください

Medications or Treatments taken continuously 継続して服用している薬

Medicine Name: 薬剤名 **Dosage:** 服用量

Emergency Medications 救急で服用する薬

Medicine Name: 薬剤名 **Dosage:** 服用量

Any treating Doctor instructions on Student's nutrition

..... 医療中の医師による栄養指導

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.14_F08	02	Nov 20, 2023	Nov 20, 2023	Nov 20, 2026	2/1



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お事項					
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、月有病など)					
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 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、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					
必ず✓してください → <input checked="" type="checkbox"/> I certify that the above provided information are valid 以上申告した情報に間違いありません					
必ずどちらかに → <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					
✓をしてください → <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: 保護者氏名 続柄					
Parent/ Guardian Signature: Date: 保護者サイン 記入日 (日/月/年)					
Notes 必要であれば、医師の報告書などを提出して下さい					
<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 School. 生徒の健康状態に変化があった場合は、学校に医師の報告書を提出してください This consent has to be filled each academic year and updated whenever required この同意書は、毎年度記入していただくもので、変更があれば都度ご提出ください 					

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	3/1