**Health History and Immunization Form**

健康・予防接種調査票

Welcome to Tsuru University. Your health history is an important part of the care we will provide to you while you are a student. All information is confidential and will be used only by Health Services. We will not share any information on this Health Form with other departments. Thank you.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME AND ADDRESS**  (Please print) **本人情報** | | | | | | | | |
| SUID#  学籍番号 | Ｎ／Ａ | Name  氏名 |  | DOB  生年月日 | m m / d d / y y | | Gender  性別 |  |
| Address  住所 |  | | | Cell Phone  携帯電話番号 | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS** (Persons to be contacted in case of emergency) **緊急連絡先** | | | | | |
| Name  氏名 |  | Relationship  続柄 |  | Home Phone  自宅電話番号 |  |
| Address  住所 |  | | | Cell Phone  携帯電話番号 |  |

◆**Allergy　アレルギー**

**Allergy to**

□Medication (薬) (list)

□Insect bites/Bee stings

(虫刺され、蜂刺され) (list)

□Foods (食べ物) (list)

□Other (その他) (list)

**Major symptom** (主な症状)　 □Hives (じんましん) □Respiratory distress (呼吸困難)

□Loss of consciousness (意識消失)

□Other (その他)

◆**Infection/Immunization 感染症・予防接種**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1st Dose | 2nd Dose |  | Dose |
| MMR　三種混合 | mm/dd/yy | mm/dd/yy | Mumps おたふくかぜ | mm/dd/yy |
| Measles　麻疹 | mm/dd/yy | mm/dd/yy | Tuberculosis 結核 | mm/dd/yy |
| Rubella 風疹 | mm/dd/yy | mm/dd/yy | Chicken pox 水ぼうそう | mm/dd/yy |

◆**Personal Medical History 既往症**

Please check diseases you have had.

|  |  |  |
| --- | --- | --- |
| Name of disease/disorder | 病名 | Yes　既往 |
| Anemia | 貧血 |  |
| Asthma | 喘息 |  |
| Cardiac disorder | 心疾患 |  |
| Connective tissue disease | 膠原病 |  |
| Depression | うつ病 |  |
| Developmental disorder | 発達障害 |  |
| Diabetes | 糖尿病 |  |
| Digestive disorder | 消化器疾患 |  |
| Epilepsia | てんかん |  |
| Head Injury w/Concussion | 頭部挫傷 脳震盪 |  |
| Hepatic disorder | 肝疾患 |  |
| Hepatitis | 肝炎 |  |
| Hernia | ヘルニア |  |
| Insomnia | 不眠症 |  |
| Kawasaki disease | 川崎病 |  |
| Kidney disorder | 腎疾患 |  |
| Migraines | 偏頭痛 |  |
| Neurosis / Anxiety disorder | 神経症 不安障害 |  |
| Schizophrenia | 統合失調症 |  |
| Seizures | 卒中 |  |
| Stomach or Intestinal Trouble | 胃腸炎 |  |
| Tuberculosis | 結核 |  |
| Tumor / Cancer | 腫瘍 / 癌 |  |
| Other ( ) | その他 |  |

Please explain any “yes” answers above (age of affection, condition, medication, etc)

上記リストの病歴があると回答した場合は下の欄に詳細を記入してください。