



Mitsui Gardens International Preschool

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ALLERGY AND ASSESSMENT INFORMATION FORM

Child's Name: _____

If your child has been identified as having one of these special needs, please circle "yes" and provide specific information on the line provided.

- Food Allergies (Specify) -食べ物アレルギー Yes _____
- Behavior disorder (Specify) - 行動障害 Yes _____
- Physical Disabilities (Specify) -身体障害 Yes _____
- Speech/Language Disorder -発音/言語障害 Yes _____
- Hearing Impaired -聴覚障害 Yes _____
- Developmentally Delayed -発育遅延 Yes _____
- Diabetes -糖尿病 Yes _____
- Asthma -喘息(ぜんそく) Yes _____
- Vision Impaired -視覚障害 Yes _____
- ADHD (Attention Deficit Hyperactivity Disorder)/ADD (Attention Deficit Disorder) -注意欠陥・多動性障害
Yes _____
- Breathing Difficulties -呼吸困難 Yes _____
- Heart Monitor - ペースメーカー Yes _____
- Seizures -発作 Yes _____
- Other Medical or Mental Conditions - その他の障害 _____

Immunizations (予防接種) – Please write dates your child received following immunizations

- Diphtheria/Tetanus/Pertussis [DTP]: 1 _____, 2 _____, 3 _____, 4 _____
ジフテリア/破傷風/百日咳
- Polio: 1 _____, 2 _____, 3 _____, 4 _____
ポリオ
- Haemophilus Influenza Type B [HIB]: 1 _____, 2 _____, 3 _____, 4 _____
ヘモフィルス-インフルエンザ B 型菌ワクチン
- Measles, Mumps, Rubella [MMR]: 1 _____, 2 _____, 3 _____, 4 _____
はしか・麻疹/おたふく/風疹