

Questionnaire on Children's Health Condition 兒童健康狀態調查票

Child 1	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.		
Child 2	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.		
Child 3	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.		
Child 4	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.		
Child 5	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.		