Questionnaire on Child health and development status

* Please fill in as m	uch de	etail as p	ossible	with a c	heck ma	rk on	all app	licable iten	ns.						
Name of the respondent										Date	/		/	(year/month/day)	
Child name										Date of birth	/		/	(year/month/day) () ye	
About the situation of pregnancy, childbirth, medical examinations															
At birth	Pregnancy week: weeks Height: cm Body weight: g									v weight: g					
Vaccination records															
Did the child und	Did the child undergo a medical checkup? 🛛 Yes 🖓 No														
Did your child receive any indications during the medical checkup?															
(If you chose yes, please fill in the right column the content of the indication.)															
Have you ever consulted or brought your child to a specialized institution (hospital, rehabilitation, etc.) regarding growth and develop															
Consultation con	on contents Institution Name														
About condition, illness, injury															
Are there any allergies that are known as of now? \Box No \Box Yes (Item:)															
What are the symptoms? (Example: eczema, anaphylaxis):															
First time the symptom developed: when the child wasyear(s)															
Response status at home: Complete removal Eating small portions Others:															
Has your child ever had a major illness or injury? \Box No \Box Yes (Time: when the child wasyear(s) month(s) old)															
Disease name: Symptoms:															
Does your child have regular doctor visits? I No I Yes (Disease name:															
Does your child have regular medications? No Yes (Drug name:)															
Is there anything else you are concerned about regarding chronic illness or your child's development? □ None □ Yes (Fill below colu □ convulsions (□ occurs when fever occurs at°C □ occurs even without fever □ last occurred:year(s)month(s) old)															
🗆 epilepsy 🗆 heart disease 🗆 vision or eye disease 🗆 hearing or ear disease 🗆 dislocation (body part:) 🗖 Inguinal hernia															
□ Asthma □ Still using diapers □ Can't see other people in the eye □ Restless and hyperactive															
□ Other:															
								Other							
Do you have a certificate of physical disability or of intellectual disability? * After enrollment, you may be asked to submit a copy to the facility.															
□ No □ Yes (Type of certificate book:Grade:)															
Has your child ever attended a nursery or kindergarten?															
□ None □ Yes (fromyears oldmonths toyearsmonths old)															
If there is something that the facility has to deal with or pay attention to while your child is in group life, please specify.															

* If it is judged that group childcare is difficult, admission may be suspended.

* If you are worried about your child's development, we recommend that you visit the nursery you wish to use with your child in advance.