

Physician's Report

To: Kyoto University Gender Equality Promotion Center Nursery Room for Sick Children

Body temperature at consultation :

Child's name () Gender (M/F) Date of birth (Y/M/D) () yrs old	
Parent's name ()	
Address ()	
Disease name	
<When illness is undiagnosed> 1 Fever 2 Diarrhea 3 Vomiting 4 Cough 5 Stridor 6 Rash	
Medical Condition (Circle which applies)	1 Acute phase (fever etc.) 2 Recovery phase (defervescence, slight fever etc.)
Kyoto University Nursery Room for Sick Children will not accept children with the following conditions or symptoms. <input type="radio"/> In the acute phase of an infectious disease (chicken pox, mumps, measles, rubella, influenza, rotavirus etc.) that may pose a risk to other children. <input type="radio"/> Susceptible to infections and likely to develop severe symptoms once infected (children taking immunosuppressant drugs due to blood tumor disease, severe heart disease, severe renal disease, collagen disease etc.). <input type="radio"/> With a persistent fever of 38.5°C or higher. <input type="radio"/> With dehydration symptoms (dry skin/lips, few or no tears when crying, unusually inactive or sleepy, etc.) from constant vomiting and diarrhea. <input type="radio"/> Severe cough and breathing difficulties (including asthma attacks). <input type="radio"/> When the doctor judged that it was impossible for the child to attend the Nursery Room.	
Degree of rest (Circle which applies)	1 Rest inside the room (The child should stay in bed or rest quietly most of the time. Quiet play with other children is possible.) 2 Indoor childcare (The child can play with other children inside the room.) 3 Other ()
Meal (Lunch) (Circle which applies)	Formula milk / Cow's milk only / Baby food (early/middle/late stage) / Infant Food / Foods for diarrhea / Foods for allergy control (List the foods to be avoided:)
Prescribed therapy/ medication, Instructions, etc.	Next consultation day: (month, date, day of week)
<p>I approve / do not approve of the above named child using the nursery room. (Circle which applies.) Yes / No</p> <p>I hereby inform you of the medical conditions of the above-named child and my decision concerning his/her use of the nursery room, as stated above.</p>	
Name of Clinic hospital ()	Date (Y/M/D)
Phone ()	()
Doctor's name ()	(seal)