Kyoto University Gender Equality Promotion Center Nursery Room for Sick Children Registration Form

Date form completed: (Y/M/D)	Registration No.

Child to be Registered

Full Name (Please Print)	Nickname	Gender	Date of Birth
		M / F	

Name of Nursery/School Attending :

Kyoto-U Hospital ID Card No.

Home Address :

Home Phone :

Parents' Information

Father	Full Name:		Cell Phone:
	Place of Employment :		Phone1:
	E-Mail Address :		Phone2:
	Job Type (Indicate if at Kyoto University)	Faculty / Researcher (other than faculty) / Doctor / Nurse / Hospital staff	
		Office staff / Student / International student / Other ( )	
	Student ID Card Expiration Date :		
Mother	Full Name:		Cell Phone:
	Place of Employment :		Phone1:
	E-Mail Address :		Phone2:
	Job Type (Indicate if at Kyoto University)	Faculty / Researcher (other than faculty) / Doctor / Nurse / Hospital staff	
		Office staff / Student / International student / Other ( )	
	Student ID Card Expiration Date :		
Send bill to :	○ Father(via school mail) ○ Mother(via school mail) ○ Home		

Vaccination

Vaccine Name		Vaccinated	Date (ex.2008/4/1)		
DPT Stage I	First	☐			
	Second	☐			
	Third	☐			
	Booster	☐			
BCG		☐			
Polio	First	☐			
	Second	☐			
Japanese Encephalitis Stage I		☐		Infected	Date (ex.2008/4/1)
Measles		☐		☐	
Rubella		☐		☐	
MR	Stage I	☐			
	Stage II	☐			
Chicken pox		☐		☐	
Mumps		☐		☐	
Other (please specify) :					

Medical Conditions

Abnormality during pregnancy or delivery	○ Yes ○ No	Specify:		
Exanthema subitum	○ Yes ○ No			
Febrile Convulsion	○ Yes ○ No	No. of times suffered times		
	First Time	yrs mths old	Last Time	yrs mths old
	Doctor's Instruction:			
Allergy	○ Yes ○ No	Specify:		
	Symptoms			
	Restriction			

Sickness Record

(Year/Month)	Diagnosis		☐ Hospitalization	Term:
(Year/Month)	Diagnosis		☐ Hospitalization	Term:
(Year/Month)	Diagnosis		☐ Hospitalization	Term:
(Year/Month)	Diagnosis		☐ Hospitalization	Term:

Regular medication

If your child takes regular medication for asthma, convulsions or any other condition, please give details (including time to take medication)

Other

If there is anything else you feel we should know about your child (e.g. drug allergies, habits), please write details.