

September 6, 2024

Saitama City Board of Education

Notification of School Admission Health Examination

This notice is to inform you of the school admission health examination, which is conducted in accordance with Article 11 of the School Health and Safety Law. Please check the location and date for your child's health examination.

Reference No.

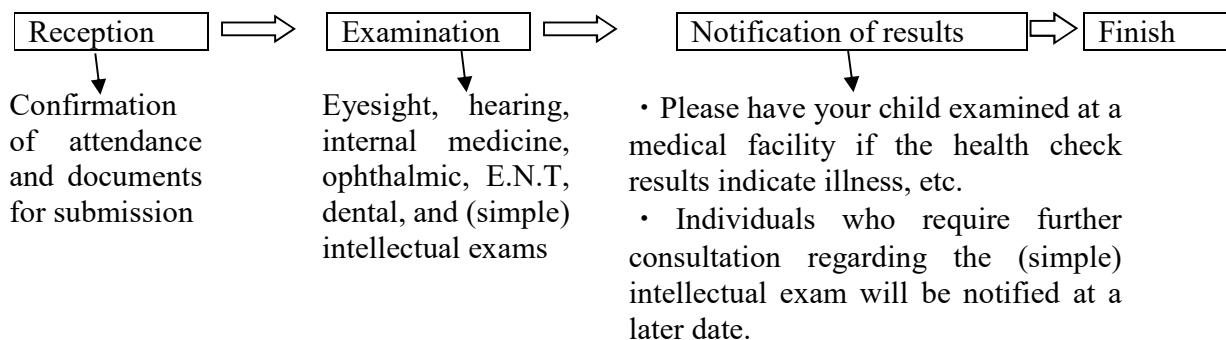
※See the enclosed schedule for reception times, organized by **the last 3 digits of your reference number**.

Name of Child: Date of Birth:
Date of Examination: Registration Time: Examination Facility:
Telephone No.:
Notes:

This notice is in accordance with the information listed in the Basic Resident Register as of Sept. 2nd.

1. Please bring the following items on the day of the health examination.
 - a. Notification of School Admission Health Examination (this document)
 - b. School Admission Health Examination Form **(filled out in advance)**
 - c. Health Examination Questionnaire **(filled out in advance)**
 - d. Mother and Child Health Handbook, writing implements
 - e. Indoor shoes, plastic bag for outdoor shoes (prospective students are not allowed to wear slippers or sandals)
 - f. Handkerchief (have the prospective student carry a handkerchief for use in the bathroom, etc.)

2. Schedule and types of medical examinations



3. Please refrain from undergoing the health examination if the student feels ill on the designated school's scheduled examination day. Notify the school of your absence at least 1 hour before reception. Contact the school for guidance on the necessary procedures going forward.

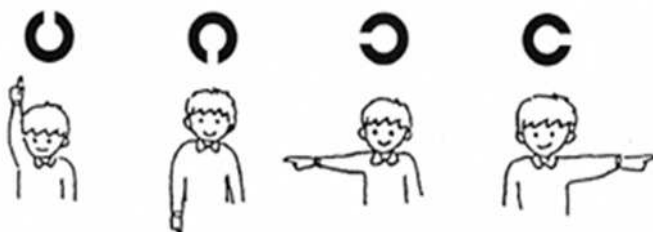
4. If the student is unable to undergo the health examination at the school designated in this notice, please notify the school prior to the day of the examination. If you move out of the city before the school admission health exam is conducted, please take it at the location assigned to you by your new municipality.

5. Please undergo the health exam at the school designated in this notice even if you plan to enroll your child in a national or private elementary school. Once the child's admission to the national or private elementary school has been confirmed, please inform the school where the health exam was conducted as soon as possible.

6. Inform the school if a change in address, etc., leads your child's school of admission to change after the health check is completed. If you move outside of Saitama City after completing the health check, have the Board of Education send your examination results to the new municipality.

7. Points to note about the health examination

- a. Please have the child accompanied by a guardian who knows the child well and is familiar with the child's medical background.
- b. Please consult with the school in advance if the child will require accommodations or specific forms of support during their health examination.
- c. Please strictly observe reception hours and avoid coming to school more than 30 minutes before your reception begins. Do not come by car. In the event of typhoons and other bad weather, please visit the city's website for updates and any consequential changes.
- d. Guardians will be asked to either wait in a waiting room or accompany the child during the health examination. (Please follow the school's instruction.)
- e. Health examinations finish at different times depending on the school. Please contact the respective schools directly for the exact time.
- f. Dress the child in clothing that they can take off and put on by themselves (no clothing with the top and bottom portions connected such as dresses). Please be sure to write the child's name on their clothing.
- g. If the child has long hair, please put the hair up so that their ears are clearly visible to facilitate the hearing tests.
- h. A dental check will also be conducted, so please have the child brush their teeth beforehand.
- i. A vision exam will be conducted using a Landolt C chart. Please practice using this chart with your child before the examination date.



Please practice using a Landolt C chart with your child.

School Admission Health Examination Q&A



Inquiries:

		TEL	FAX
School admission health examination	Health Affairs Section, Health Education Division	048-829-1678	048-829-1990
School commuting zone and school admission	School Affairs Section, School Affairs Division	048-829-1648	
Special needs student schools and classes	Himawari Special Education Consultation Center	048-623-5879	048-623-5979
	Sakuraso Special Education Consultation Center	048-810-5030	048-874-8522
After-school clubs	Operations Support Section, After-School Care Division	048-829-1717	048-829-2516
After-school programs and spaces for children	After-School Care Policy Section, After-School Care Division	048-829-1718	048-829-2516

*The School Admission Notification will be sent during the end of January next year.

School Admission Health Examination Form Application No. _____.

Please fill in the columns outlined with thick borders.

Reference No.		Date of Examination	Year	Month	Day
Student's Name	Hiragana	M • F	DOB: Year Month Day Age:		
		Address	〒 — Saitama City		
Guardian's Name	Hiragana	Contact No.	Home		
			Cellphone		Relation()
Vaccination History	DTaP-IPV (Diphtheria, Pertussis, Tetanus, and Inactivated Polio Vaccine)		(Year: Month:) (Year: Month:) (Year: Month:) (Year: Month:)		
	DTaP-IPV/Hib (Diphtheria, Pertussis, Tetanus, Inactivated Polio, and Haemophilus Influenzae Type B (Hib) Vaccine)		(Year: Month:) (Year: Month:) (Year: Month:) (Year: Month:)		
	BCG	Hepatitis B	BCG: (Year: Month:) Hepatitis B: (Year: Month:) (Year: Month:) (Year: Month:)		
	Measles/Rubella		(Year: Month:) (Year: Month:)		
	Japanese Encephalitis		(Year: Month:) (Year: Month:) (Year: Month:)		
	Haemophilus Influenzae Type B (Hib)		(Year: Month:) (Year: Month:) (Year: Month:) (Year: Month:)		
	Pneumococcal Pneumonia		(Year: Month:) (Year: Month:) (Year: Month:) (Year: Month:)		
	Chicken Pox		(Year: Month:) (Year: Month:)		
	Major Medical History				

The results of the School Admissions Health Examination are as follows:

1. No abnormalities detected
2. Abnormalities or suspected abnormalities have been identified. We recommend that you seek medical treatment or consultation before the date of enrollment.

Eyesight	Right	Naked Eye A B C D	Nutritional Status	Abnormality suspected? Yes • No Malnourished / Tendency Towards Obesity				
		Treated Eye (A B C D)						
	Left	Naked Eye A B C D	Spinal Column/ Chest Wall	Abnormality suspected? Yes • No Scoliosis (suspected) / Chest Wall Disorder Other ()				
		Treated Eye (A B C D)						
Eye Disease/ Condition	Abnormality suspected? Yes • No Conjunctivitis, Eye Position Abnormality (inward / outward), Marginal Blepharitis, Eyelash Varus, Ptosis, Allergic Conjunctivitis, Keratitis Other ()		Skin Disease		Abnormality suspected? Yes • No Atopic Dermatitis (Eczema) Other ()			
Hearing	Right	Hearing abnormality suspected? Yes • No	Teeth	Tooth Decay	Baby Teeth	Treated	Yes • No	
	Left	Hearing abnormality suspected? Yes • No						
Ears Nose Throat								

Disease (ENT)	Abnormality suspected? Yes • No Rhinitis, Chronic Rhinitis, Sinusitis, Swollen Tonsils, Allergic Rhinitis, Suspected Hearing Loss, Earwax Plug, Otitis Media, Other ()				Untreated	Yes • No
				Permanent Teeth	Treated	Yes • No
					Untreated	Yes • No
			Other	Abnormality suspected? Yes • No Potential Baby Tooth Complications, Tartar, Cavity Prevention Consultation Advised, Other ()		
		Mouth		Disease of the Oral Cavity, Other ()		
Other Diseases / Conditions						
Doctor's Findings						
Dentist's Findings						
Recommendations Based on Diagnosis						
Treatment Recommendation						
Important Health Advice for School Admission						
Other						
Remarks						

Results of School Admission Health Examination

To: Parents/Guardians

Date:

Student's Name	Hiragana	M • F	DOB: Year	Month	Day	Age:
		Address	〒 — Saitama City			
Guardian's Name	Hiragana	Contact No.	Home			
			Cellphone	Relation()		
Vaccination History	DTaP-IPV (Diphtheria, Pertussis, Tetanus, and Inactivated Polio Vaccine)		(Year:)	Month:)	(Year:)	Month:)
	DTaP-IPV/Hib (Diphtheria, Pertussis, Tetanus, Inactivated Polio, and Haemophilus Influenzae Type B (Hib) Vaccine)		(Year:)	Month:)	(Year:)	Month:)
	BCG	Hepatitis B	(BCG): (Year:)	Month:)	(Hepatitis B): (Year:)	Month:)
			(Year:)	Month:)	(Year:)	Month:)
	Measles/Rubella		(Year:)	Month:)	(Year:)	Month:)
	Japanese Encephalitis		(Year:)	Month:)	(Year:)	Month:)
	Haemophilus Influenzae Type B (Hib)		(Year:)	Month:)	(Year:)	Month:)
	Pneumococcal Pneumonia		(Year:)	Month:)	(Year:)	Month:)
Chicken Pox		(Year:)	Month:)	(Year:)	Month:)	
Major Medical History						

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Eyesight	Right	Naked Eye A B C D	Nutritional Status	Abnormality suspected? Yes • No Malnourished / Tendency Towards Obesity			
		Treated Eye (A B C D)					
	Left	Naked Eye A B C D	Spinal Column/ Chest Wall	Abnormality suspected? Yes • No Scoliosis (suspected) / Chest Wall Disorder Other ()			
		Treated Eye (A B C D)					
Eye Disease/ Condition	Abnormality suspected? Yes • No Conjunctivitis, Eye Position Abnormality (inward / outward), Marginal Blepharitis, Eyelash Varus, Ptosis, Allergic Conjunctivitis, Keratitis Other ()		Skin Disease		Abnormality suspected? Yes • No Atopic Dermatitis (Eczema) Other ()		
Hearing	Right	Hearing abnormality suspected? Yes • No	Teeth	Tooth Decay		Treated	Yes • No
	Left	Hearing abnormality					

		suspected? Yes • No			Baby Teeth		
Ears Nose Throat Disease (ENT)	Abnormality suspected? Yes • No Rhinitis, Chronic Rhinitis, Sinusitis, Swollen Tonsils, Allergic Rhinitis, Suspected Hearing Loss, Earwax Plug, Otitis Media, Other ()			Other		Untreated	Yes • No
					Permanent Teeth	Treated	Yes • No
						Untreated	Yes • No
			Mouth	Disease of the Oral Cavity, Other ()			
Other Diseases / Conditions							

Please Note:

1. If presently undergoing treatment, please continue treatment under your doctor's directions.
2. Be sure to bring this sheet and your health insurance card with you when consulting a doctor.
3. We recommend that children who receive a B, C or D rating for eyesight see an ophthalmologist.
A: over 1.0 B: 0.9~0.7 C: 0.6~0.3 D: below 0.3
4. If the results of the eyesight / hearing tests come back as "abnormalities suspected", please consult a doctor and have the child examined at a healthcare facility. This result may be a result of your child's unfamiliarity with the testing conditions, and not accurately reflect their eyesight/hearing capabilities.
5. We recommend that children with untreated tooth decay visit the dentist.
6. For children who have not completed their vaccinations, please refer to the Notice on Routine Vaccination of School-Age Children included with this sheet, consult your physician or nearest health center, and have the child vaccinated before starting school.

A notification will be sent to parents/guardians at a later date should consultations regarding the intelligence tests be deemed necessary.

School Admission Health Examination Questionnaire Application No. _____

Student's Name	Date of Birth	Year	Month	Day	Address	〒 —	
	Hiragana					Ward, Saitama City	
Guardian's Name	Hiragana				Contact No.	Home	— —
						Cellphone	— —

Please circle all applicable answers. E.g., ① Measles

	<p>Please circle an applicable answer: Y/N, ⊗/※</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> 1. Measles 2. Mumps 3. Varicella (chicken pox) 4. Rubella (German measles) 5. Tuberculosis 6. Epilepsy 7. Pneumonia <ul style="list-style-type: none"> 8. Autotoxemia 9. Asthma 10. Allergic Rhinitis 11. Inflammation of the Middle Ear 12. Hearing Loss 13. Japanese Encephalitis 14. Rheumatic Fever <ul style="list-style-type: none"> 14. Rheumatic Fever 15. Atopic Dermatitis 16. Strabismus (squint) ・ Amblyopia (lazy eye) 17. Malignant Tumor 18. Febrile Convulsion 19. Other () </div>
Medical History	<p>1. Has your child ever been diagnosed with heart disease? Yes • No If yes, 1. No abnormalities were found after detailed examination 2. Congenital heart disease (name of the disease:) ※ 3. Other heart disease (name of the disease:) ※</p> <p>2. Has your child ever been diagnosed with Kawasaki disease? Yes • No If yes, 1. More than 5 years have passed since the onset of the disease, and the doctor said no medical care is required 2. The child is undergoing treatment or observation ※</p> <p>3. Has your child ever been diagnosed with kidney disease? Yes • No If yes, 1. No abnormalities were found after detailed examination 2. Acute nephritis ※ 3. Chronic nephritis ※ 4. Nephrotic syndrome ※ 5. Other (name of the disease:) ※</p> <p>※ If you selected a marked answer from above, please contact the school in advance and acquire a School Life Supervision Form (学校生活管理指導票・がっこうせいかつかんりしどうひょう). After receiving the form, contact your family physician and submit the School Life Supervision Form before school begins.</p>

Predisposition to Illness	1. Cold 2. Diarrhea 3. Constipation 4. Nausea		5. Vomiting 6. Motion sickness 7. Fatigue 8. Paleness		9. Heart palpitations 10. Shortness of breath 11. Cerebral anemia 12. Eczema/ Nettle Rash (hives) 13. Wounds fester easily	
	1. Runny nose 2. Stuffy nose		3. Nosebleed 4. Cough		5. Continuous sneezing 6. Hoarseness 7. Tonsillitis	
	Allergies: Food () Pollen () Other ()					
	1. Has a stutter 2. Has difficulty hearing 3. Pronounces words incorrectly or in a way that is difficult to understand 4. Hyperactive 5. Possible delay in intellectual development 6. Slight physical disability 7. Picky about food 8. Other ()					
Other Concerns	No • Yes ()					
Is the child currently being treated for any illness?						
Are there any health issues that you wish to inform the school about?						