

Embrey International School of Performing Arts

3-2-18, 2F Koyama, Shinagawa-ku, Tokyo 142-0062 TEL:03-5724-3228

HEALTH REPORT

Applicant's Name:
(first) (Middle) (Last)

Student No.: **Name of Insurance Holder:**

Normal body Temperature:

Please circle below any illnesses that your child has already had.

MEASLES	RUBELLA	MUMPS	CHICKEN POX	TUBERCULOSIS
DIPHTHERA	MALARIA	PERTUSSIS		

Please circle below the vaccinations that your child has already received.

RUBELLA	WHOOPING COUGH	INFLUENZA	DTP	BCG	POLIO
MEASLES	JAPANESE ENCEPHALITIS				

Are there any illnesses that your child is susceptible to? If so, please explain.

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Does your child have any food allergies, other allergies? If so please explain.

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Dietary Restrictions: (Religious),if any please list.

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Medical Problems

Possible medical emergencies:

Known health problems:

Taking medication? Please explain:

Name/Add of Family Doctor & Hospital:

Tel:

※Please submit a copy of Health Insurance Card with this from.