

見本



GOVERNMENT OF DUBAI



هيئة الصحة بدبي  
DUBAI HEALTH AUTHORITY

CONSENT FOR IMMUNIZATION

Child Name: Hana ko Nihon (予防注射の同意)  
Date of Birth: 25/9/2005  
School Name: DUBAI JAPANESE SCHOOL  
Class/Grade: G4

Please Tick (✓)

- I give the consent for the immunization of my child (校内で予防注射を行うことに同意する)
- I don't agree for immunization of my child. (同意しない)

Name & Signature: Taro Nihon 日本太郎

Parents/ Guardian

P.O.Box: 7149

Telephone Number: 4-344-9119, 050-459-2918

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD

Child History of illness:

Please tick (✓) appropriately, if yes, Specify Month/Year of illness YESの場合は年と月を入れて下さい。

Infectious Disease	YES	NO	Non-Infectious Disease	YES	NO
Diphtheria (ジフテリア)	5/2005		Accidents (事故)		✓
Dysentery (赤痢)		✓	Allergies (アレルギー)		✓
Infective Hepatitis (感染性肝炎)		✓	Bronchial Asthma (気管支ぜんそく)	12/2009	
Measles (はしか)	3/2003		Congenital Heart Disease (先天性心臓病)		✓
Mumps (流行性腮腺炎)		✓	Diabetes Mellitus (真性)糖尿病		✓
Poliomyelitis (小児麻痺)			Epilepsy (てんかん)		✓
Rubella (風疹)	1/2010		G6PD (Glucose6-Phosphate Dehydrogenase deficiency)		✓
Scarlet Fever (猩紅熱)		✓	Rheumatic Fever (リウマチ熱)		✓
Tuberculosis (結核)		✓	Surgical Operation (外科手術)		✓
Whooping Cough (百日咳)		✓	Thalassemia (サラセミア)		✓
Chicken Pox (水ぼうそう)		✓			✓

If yes, write the year of illness

History of:

Blood Transfusion (輸血)  No  Yes Frequency: \_\_\_\_\_

Hospitalization (入院歴)  No  Yes Reason: Influenza Date: 7/5/2012

family History: Diabetes Hypertension- Mental Disorder- Stroke- Tuberculosis-

Other, Specify \_\_\_\_\_

糖尿病-高血圧-精神障害-脳卒中-結核

Licensed School Nurse Signature: \_\_\_\_\_

こちらを  
チェック  
して下さい

家族に該当病歴あったら丸で囲んで下さい。

G-6-PH欠乏病