

BRIDGE Summer Camp

Medical Certificate (医療診断書)

NOTE: Must be completed in English and Block Letters by a Qualified Physician

Country/Region (国・地域)					Sex (性別)	<input type="checkbox"/> M(男) <input type="checkbox"/> F(女)
Name (氏名)					Normal Body Temperature(平熱)	°C
Date of Birth (生年月日)	Month (月)	Date (日)	Year (年)	Blood Type (血液型)		Rh()
Body Weight (体重)	kg		Body Height (身長)		cm	

1. Immunization History (予防接種歴) Please indicate whether the patient has already been immunized or infected by the disease and when.

Condition (病名)	Immunized Year (予防接種をした年)	Infected Year (発症した年)	Condition (病名)	Immunized Year (予防接種をした年)	Infected Year (発症した年)
Rubella (風疹)			Mumps(おたふく風邪)		
Measles (麻疹)			Chicken pox(水ぼうそう)		
BCG (Tuberculosis)(肺結核)			Hepatitis B(B型肝炎)		
Japanese Encephalitis(日本脳炎)			Polio(ポリオ)		
Tetanus(破傷風)			Malaria(マラリア)		
Others ()			Others ()		

2. Previous Diseases (既往歴) Please indicate whether the patient is suffering from or suffered from any of the following or any other condition.

Condition (病名)	Age of on set (発症年齢)	Current State of the Disease 現在の状況 (Hospital Record, Symptom, Seizure Frequency) (通院状況、症状、発作頻度など)	Medication (服薬の有無)	Dosing Frequency (服薬の頻度)	Medicine (薬名)
Asthma(喘息)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Atopic Dermatitis (アトピー性皮膚炎)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Others ()			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Others ()			<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. Allergies (アレルギー) Please list allergies and its details if your patient have any.

Cause of Allergy 原因となるもの	Allergic Symptoms アレルギー症状	Treatment to Relieve Symptoms 対処方法 Please describe in concrete terms (具体的にご記入ください)

4. COVID-19 Vaccination Record (新型コロナワクチン接種記録)

Dose(接種回数)	Vaccine name/manufacturer(ワクチン名/製品名)	Immunized Date (D/M/Y) (接種日)

BRIDGE KIDS PROGRAMS 2023

Submission deadline is: March 30, 2023

5. COVID -19 History (if any) (新型コロナウイルスの既往歴)

Infected year (感染年)	What was your condition at the time of infection? (コロナウイルス感染時の状態や症状)

6. Additional Information その他、知っておいてもらいたいことなど (例: 夜尿症、乗り物酔いしやすい、など)

Please give any information that may be relevant when staying with a Host Family. (e.g. ADHD, nocturnal enuresis, motion sickness, etc.)

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I authorize the applicant as healthy and do not anticipate problems in participating in any activities of the BRIDGE Summer Camp. (この参加者は BRIDGE Summer Camp 事業に参加するにあたり、心身ともに問題ありません。)

Examined by (print name)	Date of Examination
Doctor's Signature	

APCC

Asian-Pacific Children's Convention in FUKUOKA