

# Registration Form

Tohoku University Hospital Day Care Center for Children Recovering from Illness (Hoshinoko Room)

Entry date:

Date of first usage:

Reg. no.

Parents	Katakana: _____		Febrile convulsion		Yes / No ( ) times in the past		
	Name: _____ Nickname: _____		Asthma		Yes - Medicine (is / is not) used daily / No		
	Date of birth: _____ Gender (M / F) Siblings: _____		Atopic dermatitis		Yes (Current treatment: _____) / No		
Parents	Name: _____ Relationship: _____		Prior hospitalization	Year/Month: _____ Illness: ( yrs. mos.)		Medical history	
	Department: _____ Relationship: _____			Year/Month: _____ Illness: ( yrs. mos.)			
	Job title: _____ Relationship: _____		If the child is currently taking any medicine for other illnesses, asthma, atopic dermatitis, convulsions etc., please provide details. (Also note time when medicine is taken.)				
	Work phone: _____ Relationship: _____						
	Mobile: _____ Relationship: _____						
	Work email: _____ Relationship: _____						
	Home address: _____		BCG		No / Yes		
	Home phone: _____		Polio (live vaccine)		No / once / twice		
Other contact information	Name: _____ Relationship to child: _____		Polio (single/inactivated vaccine)		No / once / twice / three times / 1st stage booster		
	Phone: _____ Mobile: _____		DPT		No / once / twice / three times / 1st stage booster		
	Workplace or Address: _____		DPT-IPV		No / once / twice / three times / 1st stage booster		
Name of daycare: _____ Primary care physician: _____		Vaccination history		Measles/rubella		No / 1st stage / 2nd stage	
Complications during pregnancy/birth: Yes ( ) / No Birth weight: _____ g / gestation (in weeks): _____ Neck control: _____ mos. / able to sit up: _____ mos. / walking: _____ mos. Anomalous exam result in infancy: Yes ( ) / No Feeding: breast milk / formula / both Weaning stage 1st: _____ mos. 2nd: _____ mos. 3rd: _____ mos. baby food: _____ mos.				(Measles single antigen)		No / 1st stage / 2nd stage	
				(Rubella single antigen)		No / 1st stage / 2nd stage	
				Japanese encephalitis		No / once / twice / three times / 2nd stage once	
				Hib		No / once / twice / three times / booster	
				Pneumococcus		No / once / twice / three times / booster	
				Hepatitis B		No / once / twice / three times	
Meals				Chickenpox		No / once / twice	
		Mumps		No / once / twice			
Other		Rotavirus: No / ① once / twice ② once / twice / three times		Other			
		Dietary restrictions due to allergies: whole eggs / egg yolk / egg white / dairy / formula / wheat / buckwheat / other: _____					