




Q2 Has you had any of the following:

2-1 No  / Yes  Have had sudden falls and fainting in the past year. (Multiple answers allowed)

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- 1.  : Epilepsy and other neurological diseases
  - 2.  : Disease of the circulatory system (heart, lung, blood vessel)  
(e.g. arrhythmia and pulmonary hypertension) ..... 10
  - 3.  : Other disease: ( ) ..... 10
  - 4.  : Haven't seen a doctor but would like to have a detailed examination.  
..... 10
  - 5.  : Received a detailed examination and told everything was fine.  
(Hospital: )

2-2 No  / Yes  You've been experience sudden heart pounding over the past year or two and want a detailed examination. .... 10

2-3 No  / Yes  You've had sudden chest pain or that was not an asthma attack, over the past year or two, and you'd like to have a detailed examination. .... 10

Q3 Ask about your family.

3-1 No  / Yes  The student's father, mother, or sibling have been diagnosed with hypertrophic cardiomyopathy or dilated cardiomyopathy ..... 10

3-2 No  / Yes  The student's father, mother, or siblings have been diagnosed with pulmonary hypertension (different from common hypertension) or has lost someone to this disease. .... 10

※School entry from (Parents/Guardians do no fill out this from)

I 学校医所見 (□なし・□あり) ※ありの場合は下記を御記入ください	10
I-1 □胸郭変形 (□漏斗胸 □膨隆 □扁平 □側わん症)	
I-2 □手術創 (□胸部 □背部)	
I-3 □気になる所見 (□気になる心音 □心雑音 □脈の不整 □その他 _____)	
II レントゲン写真結果 (高校生) □正常範囲 □異常 ( )	
III 養護教諭・学級担任からの意見	
[ ]	合計

※合計点 10 点以上をスクリーニング陽性とする