School Cardiac Check-up Questionnaire

Must completed by a parent or guardiar	n. Date (day/month/year) (/	/)	
of health check-ups. This survey from will	fe and secure school experience, the school co be used for a cardiac screening, so please fill his cardiac check-up and will not be used for	in out.	
School Name:	elementary/junior high/senior high Class No.	/college	
Student Name:	Date of birth(day/month/year)	sex	
Katakana syllable:	(/ /) (age)	M F	
**Please have a parent or guardian fill this **Notice on entry: Please tick the box that and the hospital's name. Please check yes or	applies to you and fill the blank with the na	me of the illnes	SS
Q1: Have your ever been diagnosed with the			
2.□ : Have done reg	ed detailed examination and told everyond (Hospital: ular check-ups.(Hospital:) ur next scheduled check-up? (month/year:	thing was fine) 10 /))
regular exam When? (2.□: Have been reco (Hospital: ※When is your	or secondary disease) in the heart, and you ination.) years old / (Hospital: eiving regular check ups and medications.)) 10 /)	·d
 *Name of the diseas 1.□ : Doctor said it 2.□ : Doctor said y 3.□ : Had on opera 4.□ : Have been red *When is you 	thealed naturally. (Hospital: ou don't need regular check ups or treatmention. (month/year: /) cieving regular check ups and meditations our next scheduled check up? (month/year:) nt 10	

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)
$1.\square$: 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: ()
4.□ : Haven't seen a doctor but would like to have a detailed examination
10
$5.\square$: 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)
Mochool chity from (1 arches) Guardians do no fin 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-I □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