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Medical History

Keeping a medical history for your child will help you when your child gets older.

We recommend that you record the names of the hospitals where your child had treatment, any symptoms you are concerned about, etc.

Diagnosis

Heart Disease

Details :

Pulmonary Hypertension

(+, -)

Digestive Disease

Details :

Blood Disease

Details :

Neurological Disease

Details :

Thyroid Disease

Details :

Eye Disease

Details : Hyperopia (Farsightedness) / Myopia (Nearsightedness) / Astigmatism /
Strabismus (Cross-eyed) / Other

ENT Disease

Details : Hearing Loss (Right Ear db / Left Ear db) / Other

Orthopedic Disease

Cervical Subluxation (+, -) / Pes Planovalgus (Splayfoot) (+, -)

Scoliosis (Curvature of the Spine) (+, -) / Hip Joint Dislocation (+, -)

Other

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Name of Disease / Date of Onset / Hospitalization

Measles/ Year Month Day / YES (Days) NO

Mumps/ Year Month Day / YES (Days) NO

Rubella (German Measles)/ Year Month Day / YES (Days) NO

Chickenpox/ Year Month Day / YES (Days) NO

Febrile Convulsion/ Year Month Day / YES (Days) NO

Exanthem Subitum (Sudden Rash)

Year Month Day / YES (Days) NO

Pneumonia Year Month Day / YES (Days) NO

HFMD (Hand, Foot and Mouth Disease)

Year Month Day / YES (Days) NO

Erythema Infectiosum Year Month Day / YES (Days) NO

Please list food and/or medication allergies below:

Important Events in Your Child's Health Care

Vaccination is one of the most effective methods to protect children from contagious diseases. Make sure to get your child vaccinations. In order to protect your child's health, however, it is important to understand the purpose of the vaccinations and their potential side effects. If your child has any underlying medical conditions or if you have any other concerns, please consult your child's doctor. Please record all vaccinations your child has received in the "Mother and Child Handbook." This information will be necessary when your child gets medical checkups at his/her elementary school. These records are also used when your child travels abroad.

Having information available about your child's medical history will be extremely helpful when you apply for your child's disability pension in the future. Therefore, we recommend that you keep the information you record in this booklet as well as the information you record in your "Mother and Child Handbook" available for future reference.

*References ◆ Please visit the website below to check the vaccination schedules recommended by the Japan Pediatric Society.

http://www.jpeds.or.jp/uploads/files/vaccine_schedule.pdf (Japanese)

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| Name of Disease | Date of Onset | Remarks |
|-----------------|-----------------|---------|
| / | <u>YY/MM/DD</u> | / |
| / | <u>YY/MM/DD</u> | / |
| / | <u>YY/MM/DD</u> | / |
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| / | <u>YY/MM/DD</u> | / |
| / | <u>YY/MM/DD</u> | / |

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Record of Growth and Development

Developmental Milestones

Made my Child Laugh YY/MM/DD

Held a Toy YY/MM/DD

Okuizome (First meal) YY/MM/DD

Held up own Head YY/MM/DD

YY/MM/DD

Rolled over YY/MM/DD

Started Eating Baby Food YY/MM/DD

Displayed Stranger Anxiety YY/MM/DD

YY/MM/DD

Started Creeping YY/MM/DD

_____ YY/MM/DD

Got Down on All Fours YY/MM/DD

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Started Crawling YY/MM/DD

_____ YY/MM/DD

Sat up Independently Using Hands YY/MM/DD

_____ YY/MM/DD

Sat up Independently YY/MM/DD

_____ YY/MM/DD

Pulled Himself/Herself up to Stand YY/MM/DD

Started Cruising YY/MM/DD

_____ YY/MM/DD

_____ YY/MM/DD

_____ YY/MM/DD

Stood up By Himself/Herself YY/MM/DD

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Took his/her First Steps YY/MM/DD

_____ YY/MM/DD

Took More than 10 steps YY/MM/DD

_____ YY/MM/DD

Jumped YY/MM/DD

YY/MM/DD

Climbed Stairs YY/MM/DD

YY/MM/DD

YY/MM/DD

YY/MM/DD

Jumped from a Height of 20 cm YY/MM/DD

YY/MM/DD

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Omiyamairi (First Shrine Visit) YY/MM/DD

Hatsuzekku (First Annual Festival) YY/MM/DD

First Christmas YY/MM/DD

First New Year's Day YY/MM/DD

First Day Out YY/MM/DD

First Birthday YY/MM/DD

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Things That Made Me Happy / Words That Left an Impression