

## Information regarding Infant Medical Health Checkup for Children of 10 months

Regular medical health checkups are required for your child to grow up healthily.

With the cooperation from the Kawasaki Medical Association, Kawasaki City practices an established policy that all children of 10 months are to undergo an infant medical health checkup at a medical institution within the municipality.

In accordance with the policy, upon your child undergoing the health checkup, it is required that the necessary information in the attached medical interview sheet and medical consultation form is completed. The health checkup for your 10 month old will be free of charge when you bring both completed forms to a medical institution that cooperates with the infant medical health checkup.

However, please note that this free checkup excludes expenses related to any identified illnesses and required medical treatments.

- NOTE: 1) Please complete this medical health checkup within 15 days before or after the 10th month of your child's birth (between 9.5 months and 10.5 months old).
- 2) Please confirm appointment methods, practice dates and times before attending the medical health checkup, as these vary depending on the medical institution.
- 3) This medical health checkup is not conducted at the Health and Social Welfare Center.

\* Inquires: Please contact your local Ward Office's Health and Social Welfare Center, Health and Social Welfare Service Section.

### Medical Health Checkup for Children of 10 months – Medical Interview Sheet

Infant's Name		M/F
Date of Birth	(Y YYY/MM/DD)	Childbirth number:
Parent or Guardian	Name: Contact Number:	
Address		
Condition at Birth	Full Term Birth / Premature ( _____ weeks) Weight at Birth ( _____ g)	

For each of the following questions please circle the answer that applies to your above child with explanations filled out where necessary.

1) Have you been previously told that there is something medically uncommon with your child? Please explain: _____ _____	No/Yes
2) Has your child previous had any heavy illnesses? Please explain: Name of disease: _____ _____	No/Yes
3) Has your child ever had a convulsive fit? _____ times	No/Yes
4) Can your child stand by pulling themselves up?	Yes / No
5) Can your child hold and eat things like biscuits by themselves?	Yes / No
6) When your child's name is called do they react and look in that direction?	Yes / No
7) Does your child imitate gestures such as shaking its head, grabbing or waving?	Yes / No
8) Has your child accidently eaten a cigarette or burnt themselves? Please outline any other accidents or concerns you may have. _____ _____	No/Yes

**Medical Health Checkup for Children of 10 months – Medical Consultation Form**

Infant's Name		M/F
Date of Birth	(Y YYY/MM/DD)	Childbirth number:
Parent or Guardians	Name: Contact Number:	
Address		
Condition at Birth	Full Term Birth / Premature ( _____ weeks) Weight at Birth ( _____ g)	

\*The below table is for doctor use only

Results of Medical Health Checkup	
Health Checkup Date	_____ (YYYY/MM/DD)
Age of child at above date	_____ months _____ days
Measurements	Weight _____ g    Height _____ cm Head _____ cm    Chest _____ cm
Overall Judgment	1. No issues 2. Advice guidance (No.____) 3. Observation (No.____) 4. Detailed examination required (No.____) 5. Medical treatment required (No.____) 6. Currently under treatment (No.____) 7. Referral/Introduce (No.____)
Message for Health and Welfare Centre	1. Complete medical checkup required (No.____) 2. Other ( _____ )
Medical Institution Details	Location: Name: Doctor: <span style="float: right;">印</span>

(Please affix this medical examination form on to page 23 of your Maternity Passbook)