



Okinawa Christian School International

Required for all new students, all incoming 5th and 9th graders, as well as anyone participating in OCSI athletics. This form is valid for one (1) year from the date of the exam.

* Please write all responses in English if possible. 英語またはローマ字で記入して下さい。

Student's Name 生徒氏名 _____

Birth Date 生年月日: _____

Age 年齢: _____

Grade 学年: _____

Gender 性別: [] Male 男 [] Female 女 / **Height** 身長 _____

[] Inches [] cm/

Weight 体重 _____

[] Lbs. [] Kilos

I. MEDICAL	Normal	Abnormal Findings	
Eyes/Ears/Nose/Throat 眼、耳、鼻、喉			
Lymph Nodes リンパ腺			
Heart 心臓			
Pulse 脈拍			
Lungs 肺			
Abdomen 腹部			
Genitalia (males only- optional) 生殖器(男子のみ- 任意)			
Skin 肌			
II. MUSCULOSKELETAL	Normal	Abnormal Findings	
Neck 首			
Back 背中			
Shoulder/Arm 肩、腕			
Elbow/Forearm 肘、前腕			
Wrist/Hand 手首、手			
Hip/Thigh 腰、大腿部			
Knee 膝			
Leg/Ankle 足、足首			
Foot 足(くるぶしより下の部分)			
III. CONDITIONS	Yes	No	Comments
Allergies アレルギー		/	
Medications 薬		/	
Dietary 食事		/	
Restrictions 制限		/	
Chronic Conditions 慢性状態		/	
Diabetes 糖尿病		/	
Asthma 喘息		/	

* Is the student fit for normal physical education? 体育の授業に参加可能か？

[] Cleared for physical education 参加可能 / [] Not cleared for physical education 参加不可

* Competitive athletics? 対抗競技に参加可能か？

[] Cleared for competitive athletics 参加可能 / [] Not cleared for competitive athletics 参加不可

Doctor's Name & Signature (Print/ Stamp) 医師名及び署名捺印 _____

Name of Hospital/ Clinic 病院名: _____ **Date** 日: _____