

Health checkup for 1.6 Year - Old

Name:
Address:

☆Please fill out your child's household information.

- ① Order of birth: _____ Sex: Male • Female Date of birth: _____ Y M D
- ② House hold information : In total _____ people

	Name	Age	Sex	Occupation	Health status	Medical history	Allergies
Child him/herself			M • F				Yes: No
Father			M • F				Yes: No
Mother			M • F				Yes: No
			M • F				Yes: No
			M • F				Yes: No
			M • F				Yes: No
			M • F				Yes: No
			M • F				Yes: No

- ③ Who cares your child during the day? Mother • Father • Grandmother • Grandfather
Nursery • Kindergarten ()
- ④ Contact information(Phone number) : ()

☆Please fill out the information below about delivery and immunization of your child.

①Record of delivery

Place of birth			Weight	g
			Height	cm
Length of pregnancy	Weeks	days	Chest circumference	cm
Delivery type	Normal / C - section(planned /urgent) Other		Head circumference	cm

②Immunization Record

Hib	1 st	2 nd	3 rd	1 st term booster	Measles/Rubella	1 st
Streptococcus pneumoniae	1 st	2 nd	3 rd	1 st term booster	BCG	None
DPT-IPV	1 st	2 nd	3 rd	1 st term booster	Varicella	1 st 2 nd
Japanese encephalitis	1 st	2 nd			Hepatitis B	1 st 2 nd 3 rd

☆Please answer about your child's growth and development.

- ① What time does your child usually get up? 1 .Before 8AM 2 .6 to10 AM 3 .After 10 AM
What time does your child usually go to bed? 1. Before 8PM 2. 8 to 10PM 3. After 10 PM

- ② Do you have anyone or any organization who can support you when you have worries about your child's growth and development? No Yes → ()

☆We would like to ask the parents or guardian.

- ① Do you enjoy child rearing? Yes No
② Do you feel that you have your family's support while child rearing? Yes No
③ Do you have any questions or concerns about child rearing?

☆Did your child have his/her 1.6years medical checkup at a medical institution? Yes No

Please write the date when your child had the medical checkup. Month day
Name of the medical institution ()
Height (cm) Weight (kg)