

Notification of Medical Examination (to be filled out by the Parent/Guardian)

受診届 (保護者記入)

その他 Other

To School Director

Child's Name _____

Symptoms/Medical Condition (Including injuries) _____

On the date; _____ Yr 年 _____ Month 月 _____ Day 日, the child was examined at

the medical institution(医療機関) “_____” for Symptoms / Medical Condition and was diagnosed as fit for group activities without hindrance, therefore, the child will attend the school.

If there is anything specific that the school needs to be aware of, please fill in this section.

Parent / Guardian _____ (Seal/Signature) DATE _____

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