

結核検診問診票（英語）

(Form 1) Questionnaire

Dear parents/guardians,

Good health is very important for a happy and meaningful school life. Prevention of tuberculosis(TB) is one of the school health programs, which is conducted mainly through an annual health examination. This questionnaire is used for the health examination concerning TB. Please fill out the form below, and circle each applicable item.

The information in this form will not be used for other purposes.

School Master

Date: _____ / _____ / _____
(day) (month) (year)

Name of school _____

Name of pupil/student _____ Grade _____ Class _____ No _____

Question

Questions		Circle around yes or no.	
Q 1	Has this child ever had tuberculous disease (e.g. pulmonary TB, TB pleurisy, or cervical gland TB) ?	Yes / (Year / month)	No
Q 2	Has this child ever taken preventive medicine for TB due to TB infection ?	Yes / (Year / month)	No
Q 3	Were there any TB patients in your family or co-habitants after the child was born?	Yes / (Year / month)	No
Q 4	Has this child ever lived in a foreign country over 6 months all together in the past 3 years?	Yes	No
If yes to Q4			
Q4-1	Which country was he/she in?		
Q 5	Has this child been coughing or having phlegm for more than 2 weeks?	Yes	No
If yes to Q5, go to Q5-1 and Q5-2.			
Q5-1	Has he/she been getting treatment/medical check from a physician for the cough or phlegm?	Yes	No
Q5-2	Has he/she been diagnosed to have bronchial asthma or asthmatic bronchitis?	Yes	No
Q 6	Has this child ever been inoculated by BCG?	Yes	No
If no to Q6,			
Q6-1	Why was he/she not vaccinated with BCG?	Because tuberculin skin test was positive.	Other reasons

* 学校医記入欄：健診当日の「せき」「たん」等の自覚症状の有無 あ り ・ な し

質問5（自覚症状あり）の者で、診察所見により検討の必要がないと判断した場合は、該当するところに をつけるか、所見を必ず記入してください。

・急性上気道炎のため ・喘息、喘息性気管支炎のため ・その他

所見： _____