

最初に渡すプリント

(yyyy)\_\_\_\_(mm)\_\_\_\_(dd)\_\_\_\_

Dear parents and guardians,

From ○○○,  
Principal of ○○○

Grade \_\_\_\_ Class \_\_\_\_ Number \_\_\_\_ Name \_\_\_\_\_

### Notice about Results (Status of Growth) of the Regular Health Checkup

Based on the results of your child's regular health checkup, the school doctor has instructed that you consult a doctor about the status of your child's growth. We would like to tell you about the attached sheet, "Curve of Growth, Curve of Degree of Obesity."

\*以下、各校（個々）の実情に合わせて文例を参考に作成。

Example 1. A school nurse would like to call you at a later date on the phone.

Please tell us in advance if there are any days or times that are not good for you.

Example 2. A school nurse would like to talk with you. Could you come to the Health Room after the parent-teacher's meeting?

Example 3. A school nurse would like to talk with you. On the same day of \_\_\_\_\_ we would like you to come to the Health Room.

★ If your child already is receiving treatment or doing follow-up visits, please fill out the report below.

----- Cut along this line -----

### Report about Status of Growth

Dear principal of ○○ School in ○○,

Grade \_\_\_\_ Class \_\_\_\_ Number \_\_\_\_ Name \_\_\_\_\_

○ Medical diagnosis ( )  
• Receiving treatment • Doing follow-up visits \* Please circle one.

○ Hospital's name ( )

○ Next checkup date ( )

○ Things to be careful about with your child during school activities, etc:  
( )

I report these above things to you, on date:(yyyy)\_\_\_\_(mm)\_\_\_\_(dd)\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Dear principal of ○○'s ○○ School

## Report about Status of Growth

Grade \_\_\_\_ Class \_\_\_\_ Number \_\_\_\_ Name \_\_\_\_\_

**\* Please write a checkmark in applicable ☐ boxes. Fill in necessary items.**

☐ Results of the health checkup, treatment, and follow-up visits are not necessary.

☐ Follow-up visits are necessary. (Next visit is on around \_\_\_\_\_)

☐ Treatment is necessary (Please write details)

( \_\_\_\_\_ )

☐ Other

( \_\_\_\_\_ )

\* Please write if there is anything to be careful about with your child during school activities.

( \_\_\_\_\_ )

Medical institution's name 【 \_\_\_\_\_ 】

I report these above things to you, on date:(yyyy)\_\_\_\_ (mm)\_\_\_\_(dd)\_\_\_\_

Parent/Guardian name \_\_\_\_\_