Year:        Month:      Day:

Dear Parents,

○○ School, ○○ City ＿＿＿＿＿＿＿＿

**Notice of Medical Examination for Absentees on the Day of Medical Examination**

(内科)

 Since your child was absent on the day of the medical examination held on (\_\_\_\_/\_\_\_\_\_ m/d) \_\_\_\_\_day, he/she could not receive the medical examination for this year. If you wish to have a check-up for absentees, Dr. \_\_\_\_\_\_, a medical school physician, will kindly allow you to have a check-up at \_\_\_\_\_\_\_\_\_ clinic. For absentee check-up’s, please indicate your preference by circling one of the items below "Cut Line".

**Submission deadline： M:    /D:    (       day）**

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| ＿＿＿＿＿ Clinic (school doctor) （Closed on ○○ , ○○ , and national holidays）  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ○○ city |

１ Please take your child with you. Please tell the receptionist about the examination for absentees.

The examination fee for absentees will be free of charge.

２ If a thorough examination (Electrocardiography, etc.) is required after an absentee check-up and you want to continue to see a doctor at the clinic, additional medical expenses will be charged. Please bring your child’s health insurance card and recipient's certificate of medical and welfare expenses (MARUFUKU).

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| 【 Contact Information 】  Health teacher at ○○ School　　　＿＿＿＿＿＿＿＿＿＿    ＴＥＬ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

――――――――――――――――――――――　Cut　Line　―――――――――――――――――――――

**Medical Examination Request Questionnaire for Absentees of Medical Examination**

**(内科検診)**

Grade＿＿ Class\_＿＿ Student’s name＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

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We will contact you again when the date is officially decided.