Year:        Month:      Day:

Dear Parents,

○○ School, ○○ City ＿＿＿＿＿＿＿＿

**Notice of Medical Examination for Absentees on the Day of Ophthalmology Examination**(眼科)

 Your child was absent on the day of the ophthalmological examination on (\_\_\_ /\_\_\_\_ m/d) \_\_\_\_\_day, he/she could not receive the ophthalmological examination for this year. If you wish to have a check-up for absentees, Dr. \_\_\_\_\_\_, an ophthalmologist of school, will kindly allow you to have a check-up at \_\_\_\_\_\_\_\_\_ Ophthalmology.  Parents will be asked to choose the day of the check-up from the table under "Cut Line" according to their own convenience. Please circle all possible dates and times. Also, if you do not wish to see a doctor, please put a ‘○’ in the column where you do not wish to see a doctor and submit it.

|  |
| --- |
| ＿＿＿＿＿Ophthalmology (Ophthalmologist of school）  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ○○ city |

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

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

The examination fee for absentees will be free of charge.

２ If your child needs inspection after the absentee check-up and he/she wants to continue to see an ophthalmologist at \_\_\_\_\_\_\_\_\_\_ Ophthalmology, you will be charged extra for the medical expenses. Please bring your 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**

**Ophthalmology Examination　　　(眼科検診)**

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

**（   ）Undesirous      （    ）Desire**

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※Please circle all possible dates and times. We will adjust the schedule with the school doctor.

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| --- | --- | --- |
|  | １６：００ | １６：３０ |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |
| Month      /Day      (           day) |  |  |

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