To parents and guardians

　Heart disease screening is an important screening based on the School Health Law for the purpose of early detection of heart diseases and understanding the status of existing heart diseases so that children with heart diseases can lead safe and meaningful school life.

　This questionnaire will be used as a reference when the doctor judges the result of the heart disease examination, so please fill it out and submit it.

　Please also take a look at the handling of personal information below.

**About handling of personal information (Name, interview information, and health examination results)**

○○　○○, Personal Information Protection Manager

Personal information concerning your child will be handled appropriately in accordance with various laws and regulations including "Act on the Protection of Personal Information" to prevent information leakage and loss.

１　Purpose of collecting (and using) personal information

　We will use the personal information that we collect at this checkup for the following purposes.

(1) Acceptance of medical examination services from municipal boards of education and schools

　① Implementation of heart disease screening

　② Report of screening results

　③ Information collection and analysis for accuracy control and business evaluation of medical examination

(2) Provision of Information on Medical Information Inquiries from Medical Institutions Conducting Detailed Examinations

(3) Cases where the submission of personal information is required by laws or administrative requests

(4) Use for research aimed at improving public health (In this case, it is a general rule to use anonymized information that cannot be identified.)

２　Provision of Personal Information

　The results of the examination will be reported to the school and the municipal board of education \*.

\* Only in case of municipal schools

３　Deposit of personal information

　When processing the results of medical examinations, personal information may be deposited with an information processing company that has established a personal information protection system and is determined to be appropriate. In addition, we regularly check that we are properly managing personal information based on contracts for personal information protection.

４　In the event of disagreement

　Your child's name, sex, age, medical history information, and examination results are required when the doctor determines the examination results and notifies you.

　If you do not agree to provide this information, we will not be able to determine and notify you of the results.

５　Contact Information

　If you have any questions or concerns about disclosure, correction, or deletion of examination data, please contact the Personal Information Consultation Desk below.

＊Inquiries about personal information・・・Phone 029-241-0044 Health Examination Division Coordination Division

KENKOU LINK Public interest incorporated foundation　Ibaraki Health Service Association

Heart disease screening questionnaire

|  |  |  |  |
| --- | --- | --- | --- |
| School name |  | | |
| Grade / Class / Number | Grade :　　　　　　Class :　　　　　　Number : | | |
| Furigana |  | | |
| Student name |  | | |
| Sex | Male ・ Female | Age |  |

Question１

Has your child ever been told about his heart by a doctor?　　　　 YES 　　 NO

◎ If you answered "Yes", please fill in below.

＜Age, Disease name, Status, Medical institution name＞

＊Please write down the age of the child when the doctor said it for the first time.

About \_\_\_\_\_\_\_ year(s) and \_\_\_\_\_\_ month(s)

＊Please write down the disease name and situation in detail.

＊Please enter the name of the medical institution where the child went (is doing) to.

＜What happened after that?＞　＊Please add ○ to the appropriate number.

１　There was no abnormality in the detailed examination.

２　My child had heart surgery.

　（If you fall under 2, please tell us your medical history in 3 or 4.）

３　He/She had regular visits to medical institutions, but now he/she has not.

　（If you fall under 3, please answer a or b.）

　　a I was told by his/her doctor that he/she didn't need it.

　　b The doctor said he/she needed it, but I didn't take him/her to the doctor.

４　Still regularly visit medical institutions

５　I didn't do anything.

６　Ohter（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）

Question 2

Has your child ever been told by a doctor that he/she has rheumatic disease?　　YES　　NO

◎ If you answered "Yes", please fill in below.

・How old was he/she?　 　About \_\_\_\_\_year(s) and \_\_\_\_\_ month(s)

・Name of disease at the time

　１　Rheumatic fever

　２　Chorea

　３　Rheumatoid valvular heart disease

　４　Rheumatic carditis

　５　Other（　　　　　　　　　　　　　　　　　　　　　　　　　　　　）

・After that

　a　 It was said that he/she was completely cured without any aftereffects.

b　 He is still taking medication and being inspected.

c　 He was told he needed regular inspections, but I didn't.

Question３

Has your child ever had any of the following illnesses?　　　　YES　　　NO

◎If you answered "Yes", please add ○ to the number of the applicable disease.

１　Kawasaki disease　　　２　Hypertension (exclude nephritis)　　３　Thyroid Disorders

４　Septicemia　　　５　Other（　　　　　　　　　　　　　　　　　　　　　）

Question４

Has your child had any of the following symptoms (Symptoms particularly related to the heart) recently?

１　My child gets palpitations and shortness of breath when he/she climbs stairs at normal speed.　　YES　　NO

２　He / She has passed out.　　　　 　　YES　　NO

　　（Except when the cause is: High fever, head bruise, cerebral anemia, abnormal brain waves, etc.）

３　He/She seems to have chest tightness during exercise.　　　　 YES　　NO

４　Sometimes his/her heart beats fast without doing anything.　　　 　　YES　　NO

　　　　　　　　　　　　　　 （about twice as much as usual）

Situations at the time (to the best of one's knowledge) Fill out the following

Question５

Has anyone in your child's immediate family (Parents, brothers, grandparents, uncles, aunts) died suddenly from heart disease before the age of 40?　　　　　　　　　　　　　　YES　　NO

◎If you answered "Yes", please fill in the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Who? |  | How old? | age | Disease name or condition |  |