

## Health checkup result report for infants (for 4–6 months old)

|                                 |   |  |   |                                    |   |                |                     |
|---------------------------------|---|--|---|------------------------------------|---|----------------|---------------------|
| Subject name                    |   |  |   | Resident registration number       |   |                |                     |
| Body measuring                  | Height (cm)   |  | Weight (kg)                               |                                    | Head circumference (cm)                   |                |                     |
|                                 | □□.□ cm (                      Percentile)  |  | □□.□kg (                      Percentile) |                                    | □□.□cm (                      Percentile) |                |                     |
|                                 | □ Good   □ Further evaluation required  |  | □ Good   □ Further evaluation required    |                                    | □ Good   □ Further evaluation required    |                |                     |
|                                 |   |  |   |                                    |   |                |                     |
|                                 | *                      Percentile refers to an order from the smallest among 100 infants with the same sex and age. The developmental curve of the graphs above indicates percentile of 5, 10, 25, 50, 75, 90, and 95 from the bottom to top, respectively. |  |   |                                    |   |                |                     |
| Physical examination impression | General status  |  | □ Good                                    | □ Abnormal                         | Chest                                     |                | □ Good   □ Abnormal |
|                                 | Skin  |  | □ Good                                    | □ Abnormal                         | Lungs                                     |                | □ Good   □ Abnormal |
|                                 | Head/face   |  | □ Good                                    | □ Abnormal                         | Heart                                     |                | □ Good   □ Abnormal |
|                                 | Eyes  |  | □ Good                                    | □ Abnormal                         | Abdomen                                   |                | □ Good   □ Abnormal |
|                                 | Nose  |  | □ Good                                    | □ Abnormal                         | Genitals                                  |                | □ Good   □ Abnormal |
|                                 | Ears  |  | □ Good                                    | □ Abnormal                         | Extremities                               |                | □ Good   □ Abnormal |
|                                 | Oral  |  | □ Good                                    | □ Abnormal                         | Spinal                                    |                | □ Good   □ Abnormal |
|                                 | Neck  |  | □ Good                                    | □ Abnormal                         | Neurological examination                  |                | □ Good   □ Abnormal |
| Vision                          | Questionnaire   | □ Good   □ Further evaluation required   □ 1   □ 2   □ 3   □ 4   ]<br>[Questionnaires related to the condition::             |   |                                    |   |                |                     |
| Auditory sense                  | Questionnaire   | □ Good   □ Further evaluation required   □ 1   □ 2   □ 3   □ 4   □ 5   □ 6   ]<br>[Questionnaires related to the condition:: |   |                                    |   |                |                     |
| Conducting health education     |   | □ Accident preventative education   □ Nutritional education   □ Education for prevention of sudden infant death syndrome     |   |                                    |   |                |                     |
| General determination           |   | □ Good   □ Caution   □ Further evaluation required   |   |                                    |   |                |                     |
| Impression and actions taken    |   |  |   |                                    |   |                |                     |
| Medical institution number      |   |  |   | Name of health checkup institution |   |                |                     |
| examination                     |   |  |   | License number                     |   | Name of doctor | (Signature)         |

\* The purpose of a health checkup for infants is **to check their normal growth and development**. Even though the current results are normal, abnormal findings may appear in the future growth and development process.

\* In case of a certain disease with low prevalence, it might not be detected by the health checkup.

\* Even if the result of a health checkup is determined as Good, please keep the continuous effort to maintain a good state of health, and if the result is determined as “Caution” or “Further evaluation required,” please consult your doctor.

\* If the doctor’s impression in which the subject needs medical care is stated on the notification letter of the health checkup result, the notification letter can serve as a medical care referral (treatment referral) for treatment at a more advanced hospital.

\* It is helpful to bring your result report of this time for your next checkup.