

《Pediatrics》 Please fill in here

Name boy · girl age

body weight kg

○What are the symptoms?

- | | | | | | |
|-------------------------------|---|---|----|---------------|-----|
| · fever | / | | °C | | |
| · cough | / | ~ | | · sore throat | / ~ |
| · nasal symptoms | | | | · headache | / ~ |
| | / | ~ | | | |
| · phlegm | / | ~ | | · diarrhea | / ~ |
| · rash | / | ~ | | · vomiting | / ~ |
| · abdominal pain/stomach ache | | | | | |
| | / | ~ | | | |
| · Kindergarten permit | | | | | |
| · other | | | | | |

○Drug allergy

- Yes [Drug Name]
- No

以下スタッフ記入

採血 吸入 点滴 浣腸 軟膏処置 鼻処置

迅速検査 [溶連菌・インフル・RS・アデノ・コロナ]

SpO₂ %