

Please print **NEATLY**  
and **CLEARLY**

Certificate of Health

SAMPLE

IMPORTANT NOTE

It is important that we be made aware of any medical or emotional problems which might affect you during your stay. The provided information will be treated as confidential and **will not affect your admission into the program**. However, depending on the findings, if the student is considered not to be inadequate mental and physical health for studying abroad, we may not be able to admit the student in some cases.  
\*This form must be completed by a medical physician. If you do not have antibodies against measles, mumps, rubella, and varicella, we strongly recommend that you get vaccinated.

Name	<div>Family<div></div>Given<div></div>Middle<div></div></div>		
Date of Birth	<div>Year<div></div>Month<div></div>Day<div></div></div>	Sex	<div><input type="checkbox"/> Male<input type="checkbox"/> Female</div>
Examination Report- Current State of Health			
Eye-sight	<div><div>[ Blank or "- " will not be accepted ]<div>(L)<div></div>(R)<div></div></div><div><input type="checkbox"/> Without glasses or contact lenses<input type="checkbox"/> With glasses or contact lenses</div><div>[ Make sure to tick ]</div></div></div>		
Hearing	<div><div><input type="checkbox"/> Normal<input type="checkbox"/> Impaired</div></div>		
Chest X-ray	<div><div><div><input type="checkbox"/> Normal<input type="checkbox"/> Impaired</div><div>Date<div>Year<div></div>Month<div></div>Day<div></div></div></div><div>Describe the condition in detail.</div></div></div>		
	<div>※ Chest X-ray can be omitted if the results were negative for TB skin test(TST) or blood test(IGRA) taken within one year. Please indicate the date and results of the examination below.</div>		
	<div><div><input type="checkbox"/> TST<input type="checkbox"/> IGRA(QFT/T-SPOT)</div></div>	<div>Date<div>(Year)<div></div>(Month)<div></div>(Day)<div></div></div></div>	
	<div><div><input type="checkbox"/> Negative<input type="checkbox"/> Positive</div></div>		
Medical conditions which might affect the student's academic performance			
<div>Has the student had any serious medical problems or chronic illnesses in the past?<div><input type="checkbox"/> Yes<input type="checkbox"/> No</div><div>If "Yes", please indicate the name of the disease and recovery date.<div>e.g. bronchial asthma, cardiac diseases, epilepsy, etc.</div></div></div>			
<div>Are there any physical or mental conditions that may limit the student's ability to study?<div><input type="checkbox"/> Yes<input type="checkbox"/> No</div><div>If "Yes", please describe the conditions in detail.</div></div>			
<div>Does the student have any food or drug allergies? If "Yes", please describe.</div>			
<div>Do you consider the student to be in adequate mental and physical health to participate in the study abroad program?<div><input type="checkbox"/> Yes (Adequate)<input type="checkbox"/> No (Inadequate)</div><div>If "No", please describe the reason.</div></div>			

【Must be  
completed by  
a physician】

Official Stamp of Institution/Clinic	Date
	Institution/Clinic
	Address
	Name of Physician
	Signature