

**Please print NEATLY
and CLEARLY**

Certificate of Health

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	_____		
	Family	Given	Middle
Date of Birth	_____ Year	_____ Month	_____ Day
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Examination Report • Current State of Health

Eye-sight	(L) _____ (R) _____	<input type="checkbox"/> Without glasses or contact lenses <input type="checkbox"/> With glasses or contact lenses
Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	
Chest X-ray	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	Date _____ Year Month Day
	Describe the condition in detail.	
	※ 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.	
	<input type="checkbox"/> TST <input type="checkbox"/> IGRA(QFT/T-SPOT)	Date _____ / _____ / _____ (Year) (Month) (Day)
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

Medical conditions which might affect the student's academic performance

Has the student had any serious medical problems or chronic illnesses in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please indicate the name of the disease and recovery date. e.g. bronchial asthma, cardiac diseases, epilepsy, etc.
Are there any pre-existing mental or physical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please describe including whether it may limit your ability to study or not. If "Yes", please describe the conditions in detail.
Does the student have any food or drug allergies? If "Yes", please describe.

Do you consider the student to be in adequate mental and physical health to participate in the study abroad program? <input type="checkbox"/> Yes (Adequate) <input type="checkbox"/> No (Inadequate)
If "No", please describe the reason.

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