■ Health Certificate

The information you provide here will not be taken into consideration in the admissions selection process.

Name: _____ Date of Birth: _____/_____/_____

Please answer the questions below by checking the appropriate box, before submitting to a physician for your physical examination.

1. List any diseases, disorders or injuries that you have had in the past five years?

2. Have you received any counselling/undergone any treatment for mental health-related symptoms in the last five years? If yes, please specify. Yes/No

3. Do you have any allergies to foods, plants or animals? Please specify. Yes/No

4. Have you ever had an adverse reaction to medication? Please specify. Yes/No

5. Are you taking medication now? If yes, please specify. Yes/No
   Name:
   Dosage:

6. Is there anything else you would like us to know about your health? If yes, please specify. Yes/No

□ To the Physician:

Please review the applicant's medical history and complete the information below, giving details concerning any positive indications. If there are any abnormalities in the following systems, circle '+' and explain in detail.

1.Head/Ears/Nose/Throat	+/-	4.Eyes	+/-	7.Metabolic/Endocrine	+/-
2.Respiratory	+/-	5.Genitourinary	+/-	8.Neuropsychiatric	+/-
3.Cardiovascular	+/-	6.Musculoskeletal	+/-	9.Skin	+/-

Physician's Comments:

After reviewing the applicant's medical history and physical condition, I believe him/her to be capable physically and mentally of completing a one to two semester term of study in a Japanese university.

Physician's signature: _____ Date: _____

Physician's name <please print>: _____

Address: _____

Contact Details: 1) Tel: _____ 2) E-mail: _____