

For International Students

University is providing a healthy and safe campus according to the School Health and Safety Act. For infection control and accommodation services, we require all participants to provide individual health information.

Please submit attached HEALTH CERTIFICATE completed by a physician, and issued by a medical institute.

Notice:

1. If you require special support or accommodation, please describe in detail.
2. Measles and rubella are highly contagious. To prevent outbreaks on campus, all of the population must have adequate levels of immuno-defense power (antibody titers) for each infectious disease. If you have a previous history of infection or vaccination, please fill out the onset date or date of the shot. If you have no idea, measure your antibody titer with blood analysis and fill out the form attached. If the titer is insufficient, please have an additional vaccination and fill out the vaccination information.

Personal health information is never distributed outside the the School of Global Studies and Collaboration and the Health Administration Center without your permission, except in a life-threatening emergency. Your health information will be used only for the purpose of health support and administration. You will never experience any disadvantages related to providing the health information.

健康診断書 HEALTH CERTIFICATE

| | |
|------|--|
| 学 科 | |
| 受験番号 | |

青山学院大学学長 殿

To:President of Aoyama Gakuin University

氏 名

Name:

Last

First

Middle

性別

男

女

Sex:

☐ Male

☐ Female

生年月日

Date of Birth:

現 住 所

Present Address:

出 身 学 校

Last School Attended:

身長

1) Height:

cm

体重

Weight:

kg

血圧

Blood Pressure:

脈拍

Pulse Rate:

身体障がい(正常ならその旨、異常があればそれを記入してください)

2) Physical Disability:(If normal,state so;if not,describe the disability)

1.運 動

Muscular Movement:

☐ not remarkable

☐ findings:

2.視 覚

Vision:

☐ not remarkable

☐ findings:

3.聴 覚

Hearing:

☐ not remarkable

☐ findings:

4.言 語

Speech:

☐ not remarkable

☐ findings:

5.その他

Others:

☐ not remarkable

☐ findings:

病歴および既往症

3) Past history or present illness

結核

☐ Tuberculosis

てんかん

☐ Epilepsy

心疾患

☐ Heart disease

甲状腺疾患

☐ Thyroid disease

薬剤アレルギー

☐ Drug allergy

その他

☐ Others (

なし

☐ None

その他の感染症

☐ Other infectious disease(

)

精神疾患

☐ Mental illness

肺疾患

☐ Lung disease

膠原病

☐ Collagen disease

食物アレルギー

☐ Food allergy

腎疾患

☐ Kidney disease

消化器疾患

☐ Gastrointestinal disease

糖尿病

☐ Diabetes mellitus

現在治療中の病気

- 4) Under medical treatment at present ☐ No ☐ Yes

病名・詳細

Conditions/particulars _____

障がいの有無

Physical disability ☐ No ☐ Yes

詳細

Conditions/particulars _____

胸部X線検査(必須)の結果、およびその撮影月日を記入してください(胸部X線は入学日からさかのぼって1年以内に撮影した結果を記入のこと)。

- 5) Describe the results and date of Chest X-ray examination (compulsory).
(the chest X-ray must have been taken within one year prior to the date of enrollment)

Date of Chest X-ray examination: _____

☐ not remarkable

☐ findings: _____

予防接種歴

- 6) Status of immunization

それぞれの感染症について、罹患歴、ワクチン接種歴または抗体価を記入してください。接種日が不明な場合は「不明」、接種していない場合は「未接種」と記入してください。

Indicate the date of vaccine, a physician documented history, or serologic evidence of immunity.

If the date of vaccination is unknown, write "Unknown"; if you have not been vaccinated, write "Not vaccinated"

風疹

Rubella : History of onset : Date of diagnosis ()
Serum Antibody Titer : (date)
Date of vaccination : Date 1 () Date 2 ()

麻疹

Measles : History of onset : Date of diagnosis ()
Serum Antibody Titer : (date)
Date of vaccination : Date 1 () Date 2 ()

志願者の健康状態について

- 7) The applicant's health status is adequate to pursue studies in Japan.

留学に耐えうる

☐ Yes

留学に支障あり

☐ No

その他

- 8) Other remarks, if any.

上記の通り相違ないことを証明致します。

I hereby certify the above statements.

診断日

Date of Examination _____

医療機関名および住所

Medical Institution and Address _____

署名

Signature _____

医師名

Name of Physician in print _____

電話番号

Phone _____

eメールアドレス

E-mail address _____ @ _____