Kwansei Gakuin University Certificate of Health

To be completed by the examining physician. Please fill out in English.

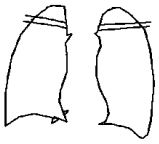
Name	Family name	First Name	Middle Name

Gender	☐Male ☐Female	Date of Birth	Year Month Day
Height	Cm	Weight	Kg
Blood Pressure	/ mm/Hg		

Color blindness	Normal / Impaired	Muscle-Skeletal	Normal / Impaired
Eyesight	Corrected Right Left	Hearing	Normal / Impaired
	Uncorrected Right Left	Speech	Normal / Impaired
Please explain any abnormalities regarding the above			

Allergies	☐No ☐Yes : ☐Drugs ( ) ☐Food ( ) ☐Others ( ) : History of anaphylactic shock → ☐ No ☐ Yes

Urinalysis	Glucose		Protein		Occult Blood	

History of BCG vaccination?	☐No ☐Yes	
X-ray examination (Must have been taken within the past 6 months)		If no X-ray taken, please explain the reason.
 Describe the condition. Date of X-ray Year Month Day		

Present illness *Any diseases which may require special attention while the applicant is studying at Kwansei Gakuin University

☐No

☐Yes : Disease ( )

: Drugs／Prescription Drugs ( )

: Please provide detailed information

Does the applicant plan to continue medical treatment during their stay in Japan?

☐No

☐Yes ※If you answered YES, please write a letter in English explaining the applicant's specific condition and symptoms as well as the name of their medication along with dosage to facilitate treatment.

Does the applicant have any learning disabilities or other conditions that may require special attention at school or in every day life? (e.g. Dyslexia, ADHD/ADD, Narcolepsy etc.)

☐No

☐Yes →Please provide detailed information.

Past illness	☐No ☐Yes →Please check		Please provide detailed information about past illnesses
☐Tuberculosis	☐Renal Disease	☐Epilepsy	
☐Bronchial Asthma	☐Diabetes	☐Viral Hepatitis	
☐Cardiac Disease	☐Mental Illness	☐Any other disease	

Please describe your impressions of the applicant's health. (If you do not have a particular opinion, please write as such.)	
In the view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?	**☐No ☐Yes**

Date:

Signature:

Physician's Name & Title:

Office/Institution:

Address:

The applicant may have to consult directly with relevant parties after the student arrives in Japan.

1. Personal information (including the name) provided in this form will be shared amongst related departments within the school, school physicians, or other affiliated parties for the express purpose of providing support to the student. It will not be used for any other purposes. 2. Statistical information regarding students with disabilities studying at KGU, such as numbers of students, type of disability, school/department, and year may be provided to related external organizations. However, information that could otherwise be used to identify a student (name etc.) will not be released.