## Nagasaki University of Foreign Studies - JASIN Program Health Form 健康診断書

| Name: \( \triangle \) Male \( \triangle \) Female Date of Birth:  |  |
|---|--|
| To be filled out by the student:  |  |
| 1. Do you have any health conditions the university or your accommodation should know about?  ☐ Yes ☐ No If so, please explain in detail: |  |
| *In order to provide a safe study abroad environment, it is important that you note <b>all</b> medical conditions.                        |  |
| 2. Are you taking any medication? $\square$ Yes $\square$ No  |  |
| If so, please list medications and describe in detail the condition it is treating:   |  |
|   |  |
| 3. Allergies: Please describe in detail:  |  |
|   |  |
| Please use the back of this form if you need more space.  |  |
| To be filled out by a medical practitioner  |  |
| 1. (height) cm (weight) kg  |  |
| (eyesight) (without spectacles) (with spectacles)   | (hearing) (color-perception) (left) □ (normal) |
| (left) (with spectacles)  | (right) (abnormal)                             |
| (right)   |  |
| 2. History of special medical conditions, allergies, or physical disabilit  ☐ No  | ies.   |
| $\square$ Yes $\rightarrow$ $\square$ Medical conditions  | ☐ Physical disabilities                        |
| ☐ Mental illnesses  |  |
|   | or other intellectual disabilities, etc.)      |
| ☐ Allergies (eg. pets, medication, stinging i   | nsects house dust etc)                         |
| (cg. peed) meateuren, semging 1   | 11500005, 115 4150 414150, 0000,               |
| Please describe.  |  |
|   |  |
| 3. Present prescription(s): (Please write in generic name; name of products may differ among countries)                                   |  |
| of Process process from the ingeneral name of products may antic among countries,   |  |
| 4. Please check the box if there is any irregularity.   | 5. Tuberculosis Examination                    |
| ☐ Tonsils, nose or throat ☐ Heart or blood vessels  | □ Normal                                       |
| ☐ Stomach or digestive system ☐ Genito-urinary system   | $\square$ To be rechecked                      |
| ☐ Brain or nervous system ☐ Blood or endocrine system   | ☐ Requires treatment                           |
| <ul><li>☐ Lungs or respiratory</li><li>☐ Bones or joints</li><li>☐ Other abdominal organs</li><li>☐ Skin</li></ul>                        |  |
| U Other abdominal organs U Skin   | (Further Remarks)                              |
|   |  |
| Comments  |  |
|   |  |
| 6. I diagnose that the applicant's health condition is:  □ Excellent □ Good □ Fair □ Poor   | 8. Other remarks                               |
| 7. Do you think the applicant's condition is good enough for  |  |
| him/her to study in Japan?  □Yes □No  |  |
| I hereby certify the above diagnosis.   | I .  |
| oor only one door of diagnosts.   |  |
| Physician's signature:  Physician's name:   |  |
|   | D  |

This form is valid for six months after the physician signs the document.