

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 International Center 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: _____

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 体重
1) Height: _____ cm Weight: _____ kg

血圧 脈拍
Blood Pressure: _____ 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 <input type="checkbox"/> Tuberculosis	その他の感染症 <input type="checkbox"/> Other infectious disease()	
てんかん <input type="checkbox"/> Epilepsy	精神疾患 <input type="checkbox"/> Mental illness	腎疾患 <input type="checkbox"/> Kidney disease
心疾患 <input type="checkbox"/> Heart disease	肺疾患 <input type="checkbox"/> Lung disease	消化器疾患 <input type="checkbox"/> Gastrointestinal disease
甲状腺疾患 <input type="checkbox"/> Thyroid disease	膠原病 <input type="checkbox"/> Collagen disease	糖尿病 <input type="checkbox"/> Diabetes mellitus
薬剤アレルギー <input type="checkbox"/> Drug allergy	食物アレルギー <input type="checkbox"/> Food allergy	
その他 <input type="checkbox"/> Others ()		

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 _____

- 5) Describe the results and date of Chest X-ray examination (compulsory).
(Examination must be undertaken within 3 months.)

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。

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

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 _____ @ _____