

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:

Last

First

Middle

性別

男

女

生年月日

Sex:

Male

Female

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

Tuberculosis

その他の感染症

Other infectious disease()

てんかん

Epilepsy

精神疾患

Mental illness

腎疾患

Kidney disease

心疾患

Heart disease

肺疾患

Lung disease

消化器疾患

Gastrointestinal disease

甲状腺疾患

Thyroid disease

膠原病

Collagen disease

糖尿病

Diabetes mellitus

薬剤アレルギー

Drug allergy

食物アレルギー

Food allergy

その他

Others ()

なし

None

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。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 _____ @ _____