HEALTH CERTIFICATE
to GAKUSHUIN UNIVERSITY

Name：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　Gender：＿＿＿＿＿＿

Date of Birth：Year＿＿＿＿＿Month＿＿＿＿＿Day＿＿＿＿＿　Nationality：＿＿＿＿＿＿＿＿

Ⅰ. Examination　検査

Height：＿＿＿＿＿cm　Weight：＿＿＿＿＿kg　Blood Pressure：＿＿＿＿＿／＿＿＿＿＿mmHg

Chest X-Ray：＿＿＿＿＿＿＿＿（Date of Examination：Year＿＿＿＿＿Month＿＿＿＿＿Day＿＿＿＿＿）

＊Describe abnormalities：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿

Ⅱ. Certificate of Previous Immunization and Record of Diseases　予防接種と既往歴の記録

Type of Immunization	Status of Immunization	Date of Vaccination		Age of Infection
Measles	☐ taken before ☐ never taken ☐ unsure	Dose1 Dose2	☐ date unknown	
Rubella	☐ taken before ☐ never taken ☐ unsure	Dose1 Dose2	☐ date unknown	
Mumps	☐ taken before ☐ never taken ☐ unsure	Dose1 Dose2	☐ date unknown	
Varicella	☐ taken before ☐ never taken ☐ unsure		☐ date unknown	
BCG	☐ taken before ☐ never taken ☐ unsure		☐ date unknown	
Tuberculin skin test (PPD , Mantoux) within the last year	☐ Yes ☐ No	Date of test: Results: ＿＿＿＿＿mm of induration		

Ⅲ. History (Injury, illness or operation/treated, under treatment)　既往歴(けが、病気、手術など／治療済み、治療中)

Ⅳ. Is this applicant currently taking any medication ?　志願者は、現在服薬をしていますか？

☐ NO　☐ YES →　（　　）

Ⅴ. Has this applicant ever been allergic to anything ?　志願者は、これまでに何らかのアレルギーがありましたか?

☐ NO

☐ YES →　Medicine：（　　）　Food：（　　）

Other：（　　）

Ⅵ. Summary　所見

I believe this applicant（　IS　/　IS NOT　）physically and mentally able to study abroad.

REMARKS:

Date：Year＿＿＿＿＿Month＿＿＿＿＿Day＿＿＿＿＿　Physician's Signature：＿＿＿＿＿＿

Medical Office：＿＿＿＿＿＿＿＿＿＿＿＿　Physician's Name：＿＿＿＿＿＿＿＿＿＿＿＿

Address：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿