

Medical Information

Update:

Last First		Sex Male - Female	Date of Birth (yy/mm/dd) / /	※term(s) enrolled ※Student ID No. :
Home address				
Tel:		E-mail:		
Emergency contact information				
Name of Guardian :				
Address of Guardian :				
TEL: Home	Cell phone	Workplace	E-mail:	
State and Country you are from		Overseas travel : Country	Duration	
Health care information				
• Blood type : RH + • - _____ type (Please circle + or - and fill in your blood type.)				
• Chronic illness (Report any illness which required a long period of treatment, hospitalization or surgery, and its duration)				
• Medical treatment in progress		duration:	year	month date
()	From	_____ / _____ / _____	
()	From	_____ / _____ / _____	
• Medication you currently take				
• Do you have any allergies?				
Yes • No (If yes, please circle the types below that apply to you.)				
Pollen, Animal, House dust, mite, mold, medicine, food				
Other:				
• If you have any worries about your health, please inform us about them here.				

*You do not have to fill in this section (※) .

Please note: All medical information you provide will be used exclusively for student health care or, in case of emergency, for providing necessary information to the attending medical personnel/hospital.

Vaccination record (Date of vaccination)			
Vaccination	Date of vaccination		
● BCG vaccine	year	month	day
● DPT vaccine (Diphtheria • Pertussis • Tetanus)	Primary period (last) Second period		
● Diphtheria-Tetanus vaccine	year	month	day
● Japanese Encephalitis (Last time)	year	month	day
● Measles	First time Second time Antibody Yes No		
● Rubella	year	month	day
● MR vaccine (Measles-Rubella vaccine)	year	month	day
● Mumps	year	month	day
● Influenza	Last time		
Remarks : ※Measles, rubella, mumps and influenza are spread by droplet infection. Thus, we request students to receive vaccinations for these diseases before moving into on-campus Student Housing. If you haven't been vaccinated yet, please do so before admission. ※Please attach a medical certificate after confirmation of your measles antibody blood test. ※As a result of the nationwide measles epidemic in 2007, we now require new degree-seeking students who matriculate in April 2008 and live in the Residence Hall to be vaccinated against the measles. We also request all international students and other non-degree seeking students to be vaccinated against the measles. ※Degree-seeking students are required to provide proof of vaccination for BCG, DPT, DT and Japanese encephalitis before studying abroad.			
year month day Record of visit Date: _____ / _____ / _____			
Reason for visit • symptoms :			
Treatment • response :			
Remarks :			