HOKKAIDO UNIVERSITY SHORT-TERM EXCHANGE PROGRAM (HUSTEP)
Institute for International Collaboration
Kita 15, Nishi 8, Kita-Ku, Sapporo, 060-0815, JAPAN

CERTIFICATE OF HEALTH

Applicant's name	(Family/Surname)		(Given)	(Middle)	
Date of birth	(Month)	(Day)	(Year)	Sex ☐Male ☐Female	
				Height ( ) cm / Weight ( )kg	

Please answer the questions below by checking the appropriate box, before submitting to a physician for your physical examination.

1. List any diseases, disorders or injuries that you have had in the past five years?

2. Have you received any counseling/undergone any treatment for mental health-related symptoms in the last five years? If yes, please specify. Yes / No

3. Do you have any allergies to foods, plants or animals? Please specify. Yes / No

4. Have you ever had an adverse reaction to medication? Please specify. Yes / No

5. Are you currently taking any medications? Please specify. Yes / No

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To the Physician:

Please review the applicant's medical history and complete the information below, giving details concerning any positive indications. If there are any abnormalities in the following systems, circle '+' and explain in detail. Also please comment on results of chest X-ray.

1. Eyes/Ears/Nose/Skin	＋/－	4. Digestive / Urinary	＋/－
2. Cardiovascular	＋/－	5. Neuropsychiatric	＋/－
3. Respiratory	＋/－	6. Other	＋/－

Physician's Comments:

After reviewing the applicant's medical history and physical condition, I believe him/her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing the period of study in a Japanese university.

Physician's signature: _____ Date: _____

Physician's name <please print>: _____

Address: _____

Contact Details: 1) Tel/Fax: _____ 2) E-mail: _____