

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 <input type="checkbox"/> Male <input type="checkbox"/> Female
				Height ( ) cm / Weight ( ) kg

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

- List any diseases, disorders or injuries that you have had in the past five years?
- Have you received any counseling/undergone any treatment for mental health-related symptoms in the last five years? If yes, please specify. Yes / No
- Do you have any allergies to foods, plants or animals? Please specify. Yes / No
- Have you ever had an adverse reaction to medication? Please specify. Yes / No
- Are you currently taking any medications? Please specify. Yes / No

**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: \_\_\_\_\_