

Medical Information Provision Form

In order to choose an appropriate physical training course at Komaba Campus, those who 1) are under doctors' observation and/or medical treatment, 2) have undergone surgical operations and, 3) whose physical activities are restricted due to existing medical conditions, are required to submit this form to the Health Service center. Please ask your doctor beforehand to complete this form.

Student ID	—	Email address		
Name	First Middle Family	Date of Birth	Month/Date/Year	Age
History of Past Diagnosis and Present Illness	With other disorders, please identify names or diagnoses, that may affect your on-campus activities.			
Please give medical history of both active and inactive illness chronologically.				
Restrictions in Exercise, Sports and Daily Life	<input type="checkbox"/> None <input type="checkbox"/> Yes If yes, specify the degree of exercise restriction or identify the restrained sports.			
Future Medical Plans and Intentions	<input type="checkbox"/> Observations and/or treatment required in home country <input type="checkbox"/> Observations and/or treatment required in Japan <input type="checkbox"/> No medical care required.			
Date Filled In	Month/Date/Year			
Name of Clinic or Medical Institution. We may contact them in case of emergency.	Doctor's Name		Signature	