

Special Care Required when Attending University

<Those who are under doctors' observation and/or medical treatment>

This form should be completed by a medical professional and submitted at the medical check-up. If your doctor uses a predetermined form of their medical institution, they must mention whether or not special care is required when attending university, and give details. If it is difficult to ask your doctor to complete this form, please have your parent/guardian complete the section "Section to be Completed by Parent/Guardian" and submit the completed form.

<Those who have physical disorders which require special care to attend university, but are currently not under doctor's observation and/or receiving medical treatment>

Please have your parent/guardian complete the section "Section to be Completed by Parent/Guardian" and submit.

Common ID No.						
Name	First	Middle	Family	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Month/Date/Year
						Age
Diagnosis						
History of Present Illness	(Please give brief description)					
Special Care Required when Attending University	<input type="checkbox"/> None required. <input type="checkbox"/> Yes If yes, please give specific details.					
Future Medical Plans	<input type="checkbox"/> Observation and/or treatments required in home country <input type="checkbox"/> Observation and/or treatments required in Japan <input type="checkbox"/> No further medical care required.					
Issued on	Month/Date/Year _____ / _____ / _____.					
Name of Clinical or Medical Institution						
Doctor's Name/Signiture	Doctor's Name		Signature _____.			
Section to be Completed by Parent/Guardian Please have your parent/guardian complete this section if it is difficult to ask your doctor to complete the above section, or you no longer have a specific doctor.	Name of illness			Frequency of Visit		
	Name of Clinical or Medical Institution			Attending Doctor's Name (If you do not have one, write "None")		
	Special Care Required when Attending University	<input type="checkbox"/> None required. <input type="checkbox"/> Yes If yes, please give specific details/				
	Issued on	Month/Date/Year _____ / _____ / _____.		Gaurdian's Name _____ Signature _____.		