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| <div>Medical Information Form for physical exercise</div> <div>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.</div> | | | | |
| Student ID | — | | Email address | |
| | | | | |
| Name | First | Middle | Family | |
| | | | | |
| | | | Date of Birth | Month/Date/Year |
| | | | | Age |
| History of Past Diagnosis and Present Illness | If you need considerations or restrictions regarding exercises, please identify names or diagnoses. | | | |
| Please give medical history of both active and inactive illness chronologically. | | | | |
| Restrictions in Exercise and Sports | <div><input type="checkbox"/>None</div> <div><input type="checkbox"/>Yes If yes, specify the degree of exercise restriction or identify the restrained sports.</div> | | | |
| Future Medical Plans and Intentions | <div><input type="checkbox"/> Observations and/or treatment required in home country</div> <div><input type="checkbox"/> Observations and/or treatment required in Japan</div> <div><input type="checkbox"/> No medical care required.</div> | | | |
| Date Filled In | Month/Date/Year | | | |
| Name of Clinic or Medical Institution. We may contact them in case of emergency. | Doctor's Name | | Signature | |
