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

CERTIFICATE OF HEALTH

Applicant's name	(Family/Surname)		(Given)	(Midlle)
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 counselling or 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: _____ 2) Email: _____