

Physician Health Report: To be completed by your doctor or health care provider

Name of student _____
 Home Institution _____

TO THE PHYSICIAN/HEALTH CARE PROVIDER

The student named on this form is applying to participate in a program of study in Japan. Living and studying in a foreign environment may create unexpected physical and emotional stress. It is essential that this health report be based on a current and thorough physical examination and knowledge of the participant's medical history. Please provide as many details as possible in answering the following questions.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the applicant have any allergies including food and drug? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the applicant have any dietary restrictions? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the applicant significantly underweight or overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does the applicant need special prescription medications? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. To your knowledge, does the applicant have any emotional disturbance or physical disability which could possibly cause difficulties abroad? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. To your knowledge, has the applicant received any psychiatric help during the past five years? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. At the present time, is the applicant under treatment for either a physical or an emotional problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Is there any additional medical information which would be of help to the program during the time of study and travel abroad? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the applicant suffer from any uncorrected visual or hearing defects? |

Please comment on any question(s) for which you have checked "Yes": _____

Prescriptions or medications per condition (Please list in layman's terms): _____

Any additional comments: _____

Please indicate the applicant's general state of health.

() Excellent () Good () Fair () Poor

I certify that I have examined _____ (name of student)
 and, in my judgment, the applicant **IS/IS NOT** physically and emotionally capable of studying in Japan and **IS/IS NOT** free from any signs of infectious disease. The injuries, operations and/or diseases mentioned in this report likely **WILL/WILL NOT** be the cause of any further problems during the applicant's study abroad.

Name, Address, & Telephone Number of Physician

Signature of Physician _____

Date of Examination _____
