	Health Checkup				Date entered	уу	mm	dd
-								
	^N a Katakana		(As of Oct. 1)	SEX	Student Number	Faculty/Graduate School		
	e English	e g		M F				

This survey is used to better understand your health condition. Information contained will not be used for any other purposes. For sections you do not know, please ask your family so that we may have an accurate account of your history. Please place a \checkmark mark in boxes and fill out the rest.

In the past, have you been sick for a long period of time, required hospitalization, under surgical operation, or absent from school for recuperation?

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YES [Please tell us the age contracted, name of illness, type of treatment and the details.]

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Age contracted Illness		Illness	Treatment	Details	
(Between the ages of	and)			Hospitalized • Operation • Absent from school	
(Detween the ages of	anu)			Others ()	
(Potwoon the ages of	and)			Hospitalized • Operation • Absent from school	
(Between the ages of	and)			Others ()	
(Detween the error of	and)			Hospitalized • Operation • Absent from school	
(Between the ages of	and)			Others ()	

II) Are you currently under the care of a doctor?

🗆 NO

YES [Age contracted, name of illness, type of treatment, and the details (name of medication, how often you visit the doctor,

whether there are limitations on your daily life.)]

Age contracted		Illness	Treatment	Limitations on daily life	
(Between the ages of	and)			YES () NO
(Between the ages of	and)			YES () NO

- III) Do you have any allergy to food or medication?
 - 🗆 NO

(

☐ YES (details)

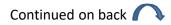
)

IV) Are you currently anxious about your physical and/or mental health condition?

🗆 NO



)



V)	Questions	about	tubercul	osis
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1 Have you b	een or are you still being treate	d for tuberculosis?			
		_	_	_	
☐ YES	(Currently being treated	Within the last year	Within the last two years	More than three years ago D Others)
2 A) Are ther	e people around you that have t	een or are still hospitalized	for tuberculosis?		
		_	_	_	
☐ YES	(Currently being treated	Within the last year	Within the last two years	More than three years ago D Others)
2 B) Please t	ell us who this person is.				
Membe	er of the family you live with (My	<u>`</u>)		
_	ntary school			Have attended class	
_	high school	│ □Teacher →	Overseeing the club or o	circle at school	
High so Cram s			└── └── Others (└── └── Same class) Same grade	
			Same club or circle at so)
Others	-	∫ □Others (()
	ad a cough, sputum or a fever f	or over two weeks?			
	(details))	
× ×				/	

At the Medical Center for Student Health, there are doctors and nurses as well as counselors that can provide consultation or advice in case of physical health problems. Do not hesitate to consult us.

If you have something you would like to discuss with us, please write a brief summary in the brackets below. If you wish us to contact you, please \checkmark the box below and write down your address and/or phone number as well.

I wish to be cor	ntacted by the Medical Center for Student Heal	
	My address and/or phon	ne number: