Toyo Eiwa University

To be completed by student. (Continued on reverse side)

Student Full Legal Name		
Last/Family/Surname(s)	First/Given name(s)	Middle name(s)

Date of Birth example 1998/JAN/25		
Yyyy	mmm	dd

Student Medical Certificate

To be completed and signed by PHYSICIAN

The purpose of this form is to be aware of any student health conditions that may affect her studies before she comes to Japan.

Examination Report (current state of health)			
Height	cm	Weight	kg
Vision	(R) _____ (L)_____	☐without glasses or contact lenses	☐with glasses or contact lenses
Hearing	☐Normal ☐Impaired		
Urinalysis	Protein ( ) Glucose ( ) Blood ( )		

Medical conditions which might affect the student's academic performance.
Does the student have any serious past medical history or chronic illness? ☐YES ☐NO
If "YES", please indicate the name of the disease and recovery date. e.g.) Bronchial asthma, Cardiac diseases, Epilepsy, etc.
Are there any physical or mental conditions that may limit the student's ability to study? ☐YES ☐NO
If "YES", please describe the condition in detail.
Does the student have any food or drug allergies? ☐YES ☐NO
If "YES", please describe.

Do you consider the student to be in adequate mental and physical health for full and successful participation in the study abroad program? ☐YES(adequate) ☐NO(inadequate)
If "NO", please describe the reason.

Licensed PHYSICIAN (please print clearly)	Official Stamp of Institution (or clinic)
Signature(required) _____ Name_____ Address_____ Telephone _____	DATE _____/_____/_____

Continued on reverse side

Tuberculosis (TB) Screening Questionnaire

Please answer the following question. (Student should mark 1-5)

1. Have you ever had close contact with persons known to have or suspected of having active TB disease?	☐Yes ☐No
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? (if "Yes" , please CIRCLE the country below)	☐Yes ☐No
3. Have you ever had any frequent or prolonged visits to one or more of the countries listed below with a high prevalence of TB disease? (If "Yes", check the countries, below)	☐Yes ☐No
4. Have you ever been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	☐Yes ☐No
5. Do you currently have any of the following symptoms? (If yes, please circle) —persistent fever —cough lasting greater than two weeks —unexplained weight loss —loss of appetite —unexplained fatigue —night sweats —blood tinged sputum production	☐Yes ☐No

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	Viet Nam
Central African Republic	Haiti	Montenegro	Senegal	Yemen
Chad	Honduras	Morocco	Serbia	Zambia
China	India	Mozambique	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	
China, Macao SAR			Solomon Islands	
Colombia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

Please show the results of this page to your physician, and ask him or her to complete the page 3.

Clinical Assessment by Physician (To physician; please review and verify the information on page 2 in questions 1-5.

Is there any YES to any of the questions in 1-5?

☐ NO ; If "NO", no further examination is required.
You may finish with your signature at the bottom of page 1.

☐ YES ; If "YES", please complete the following TB screening examination.

TB screening examination

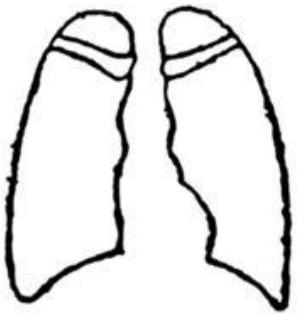
6. Does the student have a history of BCG vaccination? ☐Yes ☐No

If "Yes", IGRA should be performed instead of TST (PPD). If there is no history of BCG, either TST or IGRA is accepted. Instead of performing TST or IGRA, a recent (within 2 months) result of Chest X-ray is also accepted.

7. Tuberculin Skin Test (TST) (mantoux) (PPD)[i]
   Date Given: (/ /)(Y/M/D) Date Read: (/ /)(Y/M/D)
   Result: ( ) mm of induration
   Interpretation: positive ( ) negative ( )

8. Interferon Gamma Release Assay (IGRA)(TB blood test)
   Date Obtained: (/ /)(Y/M/D)
   Specify the method (QFT T-spot other_____)
   Result: ☐negative ☐positive ☐indeterminate ☐borderline(T-spot only)

9. If TST or IGRA is positive; chest X-ray is REQUIRED to exclude active TB.

Date : / / (yyyy/mmm/dd) X-rays taken more than 6 months prior to this certification are **NOT** valid. Result : ☐Normal ☐Impaired	Describe the condition in detail. 

[i] TST result should be recorded as actual millimeters of INDURATION, transverse diameter; if no induration, write "0". The test interpretation should be based on mm of induration as well as risk factors