関西外大
KANSAI GAIDAI UNIVERSITY
KANSAI GAIDAI COLLEGE

Form c)

MEDICAL INFORMATION FORM

Admission Number	
Student Name	
Date of Birth	

To the applicant:

Please print this form, choose whether or not to waive confidentiality rights, and give the form to your physician to complete.

☐ I hereby waive my right to patient-doctor confidentiality in the event that Kansai Gaidai and/or any medical facility in Japan requests my medical records.

Signature: _____ Date: _____

TO BE COMPLETED BY A PHYSICIAN

1. Does the applicant now have or has had any of the medical problems listed below?
   (Please check appropriate box.)

	YES	NO
1. Allergies to food or medications	□	□
2. Physical Handicaps	□	□
3. Psychiatric Disorders (including Eating Disorders)	□	□
4. Neurological Disorders	□	□
5. Cardiac Problems	□	□
6. Arthritis	□	□
7. Cancer	□	□
8. Diabetes	□	□
9. Glaucoma	□	□
10. Hypertension	□	□
11. Migraine Headaches	□	□
12. Renal Problems	□	□
13. T.B., Asthma, or other Respiratory Problems	□	□
14. Ulcers	□	□
15. Gynecological Problems	□	□
16. Learning Disability (ADD, ADHD, etc.)	□	□
17. Others	□	□

The information herein is only to be shared with limited personnel within the University and is kept strictly confidential.

2. If you have answered yes to any of the previous items, please explain more in detail. (If the applicant is still receiving treatment for any of the items, please explain in Section 3. below.)

3. Is the applicant currently receiving medical treatment?
☐ Yes for ☐ mental concerns/ ☐ other ☐ No

If yes, please answer the following questions:

Diagnosis	
Summary of Treatment	
Prescription Drugs	
Is it necessary to continue the above treatment in Japan? ☐ Yes ☐ No	

4. In your judgement, is there any medical reason why this applicant cannot participate in an extended (approximately two years) study abroad program in Japan?

5. In your opinion the state of the applicant's health is:
□ Excellent □ Good □ Fair □ Poor

Doctor’s Name in print	
Title	
Name of Hospital/Clinic	
Address	
Phone number	
Doctor’s Signature	

After entering the necessary information, please submit it to cge2023@kansaigaidai.ac.jp