Date entered	уу	mm	dd
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N a	Katakana	A	(As of Apr. 1)	SEX	Student Number	Faculty/Graduate School
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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
mark in boxes and fill out the rest.

I)	In the past, have you been sick for a long period of time, required hospitalization, under surgical operation or absent from school for recuperation?
	□ NO
	☐ YES [Please tell us the age contracted, name of illness, type of treatment and the details.]

Age contracted		Illness	Treatment	Details			
(Between the ages of	and	١			Hospitalized •Operation •Absent from school	iool	
(between the ages of	anu	,			Others (
(Patusan the ages of	en the ages of and)	١			Hospitalized •Operation •Absent from school		
(between the ages of				Others (
(Patusan the ages of	and	١			Hospitalized •Operation •Absent from school		
(Between the ages of	jes of and	anu))			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.) I

Age contracted		Illness	Treatment	Limita	ations 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 YES (details))

V)	Questions about tuberculosis	
	Have you been or are you still being treated for tuberculosis? NO YES (Currently being treated Within the last year Within the last two years More than three years ago Others)
	A) Are there people around you that have been or are still hospitalized for tuberculosis? NO YES (Currently being treated Within the last year Within the last two years More than three years ago Others)
	B) Please tell us who this person is. Member of the family you live with (My Elementary school Junior high school High school Cram school University Others (Have you had a cough, sputum or a fever for over two weeks?)
	□ NO □ YES (details) ()	
cas If	ne Medical Center for Student Health, there are doctors and nurses as well as counselors that can provide consultation or advict of physical health problems. Do not hesitate to consult us. ou have something you would like to discuss with us, please write a brief summary in the brackets below. If you wish us to controlled the box below and write down your address and/or phone number as well.	
	I wish to be contacted by the Medical Center for Student Heal:	
	My address and/or phone number:	