

Name of Student (Family, Middle, Given) 氏名	Gender 性別 Male 男性, Female 女性
Birthday (M, D, Y) 誕生日	Address 住所

**Part 1: Physical and Mental Status (must be completed by Physician or Health Care Provider)**

以下は英語または日本語で、医師に記載してもらうこと。

1.	Physical Examination (date: _____ ) Height _____cm, Body Weight _____kg, Blood Pressure _____ / _____, Pulse _____ /min Urinalysis Protein ( ), Blood ( ), Sugar ( )
2.	Is there any significant medical, surgical or psychiatric conditions <b>in the past</b> ? <input type="checkbox"/> NO <input type="checkbox"/> YES If <b>YES</b> , please describe:
3.	Is there any significant medical, surgical or psychiatric conditions <b>at present</b> ? <input type="checkbox"/> NO <input type="checkbox"/> YES If <b>YES</b> , please describe:  <b><u>If there is any ongoing care/treatment, provide detail on "Medical Information &amp; Certificate"</u></b>
4.	Is there any allergies to food or medications? <input type="checkbox"/> NO <input type="checkbox"/> YES If <b>YES</b> , please describe: ※Is there any possibility of anaphylaxy? <input type="checkbox"/> NO <input type="checkbox"/> YES
5.	Recommendations regarding travel/study abroad:

\_\_\_\_\_  
Print name of Physician/Health Care Provider

\_\_\_\_\_  
Official Stamp (Name) of Institution (or Clinic)

\_\_\_\_\_  
Physician/Health Care Provider's Signature

\_\_\_\_\_  
Date

**Part 2-1: Tuberculosis (TB) Screening Questionnaire 結核に関するスクリーニングです**

**Students should mark this page (Self-evaluation) 学生が自分で印を付けること**

**Name of Student (Family, Middle, Given) 氏名**

Please answer the following questions: 以下の質問に答えてください

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No  
 今までに、活動性の肺結核にかかっている、又は疑いのある人と接触したことがありますか? はい いいえ

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  
 あなたは、下記のリストにある結核高蔓延国で生まれましたか? (国名に丸を付けてください) はい いいえ

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

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

Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)  Yes  No  
 今まで、1つ以上の上記結核高蔓延国へ頻繁に又は、長期の訪問をしたことがありますか? (国名に丸を付けてください) はい いいえ

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No  
 今までにハイリスクな施設(例:更生施設、長期の療養所、ホームレスシェルター等)に居住したこと、あるいは働いていたことはありますか? はい いいえ

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  Yes  No  
 活動性肺結核患者のケアにボランティアまたは仕事として従事したことがありますか? はい いいえ

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  Yes  No  
 無医療、貧困、薬物乱用またはアルコール依存症—のような、潜在性肺結核感染症または活動性肺結核のリスクが高い集団に属していたことはありますか? はい いいえ

Please show the result of this page to your physician or health care provider, and ask to complete the following Part2-2.

この結果を医師に見せて、次の Part2-2 を完成してもらってください。



**Appendix 1: Medical Information & Certificate**

病気で治療中または注意が必要な人は、医師に記載してもらってください。



To Physicians/Medical Providers who may concern,

I would appreciate it very much if you could inform me of the corresponding student's state of illness; diagnosis, course of illness/treatment (present prescription), precautions during his/her stay in Japan, and permission to travel and stay abroad for certain period, etc.

**Please check your prescription if they are approved in Japan or not. Please change the prescription if considered illegal in Japan.**

Thank you in advance.

Medical Service Center, Ritsumeikan University  
Prof. Katsumi Nakagawa, MD, PhD  
E-mail; globalhc@st.ritsumeiji.ac.jp

<b>Name of Student</b> (Fam/mid/given):	Gender; male/female
Address:	
Birthday (year/month/day):	

<b>Diagnosis:</b>
#1
#2
#3

<p><b>Present prescription:</b> (Please write in generic name; name of products may differ among countries)</p> <ul style="list-style-type: none"> <li>■ <b>Some drugs are prohibited in Japan; ex. Methamphetamine &amp; Amphetamine.</b> Check the following URL for detail: <a href="https://jp.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/importing-medication/">https://jp.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/importing-medication/</a></li> <li>■ When <b>the student must carry more than one month's supply</b> (except prohibited drugs and controlled drugs), he/she is required to obtain a so-called "<b>Yakkan Shoumei</b>", or an <b>import certificate</b> in advance, and show the "Yakkan Shoumei" certificate with the prescription medicines at the Customs. Otherwise, he/she may bring <u>up to one month's supply</u>.</li> </ul>
#1
#2
#3
#4

<b>Past History, Drug &amp; Food Allergy:</b>
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<b>Course of Illness&amp;Treatment, Precautions during the stay in Japan:</b>
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<b>Permission to travel and stay abroad for the following period:</b> From _____ until _____ .
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Date:

Healthcare Provider Name, Address, AND SIGNATURE (REQUIRED):