



Health Questionnaire **【Personal Statement】**

- ※All applicants must submit this form.
- ※This form must be filled in by the applicant.

Katakana		Gender	Date of Birth (Western Calendar)	
Name		Male	Year/Month/Date	Age
		Female		

If you have a visual or an auditory impairment, please fill in the details. E.g.)"Color blindness (monochromacy)" "Hardly able to hear (hearing level ○○dB), no trouble with daily activities with hearing aids"	
Visual Impairment (eye sight • visual field • color vision)	
Auditory Impairment	

Please fill in the fields below if you have/had any serious illness or injury.					
Medical History	Diagnosis (Age of onset)	Department	Surgery	Hospitalization (How long?)	Current Condition (Circle one)
	()		Yes No	Yes No (yr mo)	Treated (age) Currently being treated
	()		Yes No	Yes No (yr mo)	Treated (age) Currently being treated
	()		Yes No	Yes No (yr mo)	Treated (age) Currently being treated
	()		Yes No	Yes No (yr mo)	Treated (age) Currently being treated
Disease that is currently being treated/ medicine you are currently taking.		Diagnosis			
		Name of medicine			

Please fill in the details if you request special accommodations during the examinations as well as while you are in school, including clinical training.	
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※If you have a disability and need testing accommodations, please contact the Admissions Office at least 10 days before the first day of the application period. Please note that you may be asked to submit the medical certificate from your doctor.