International University of Health and Welfare,
School of Medicine, 2022

Health Questionnaire 【Self-reported】

※The purpose of this questionnaire is to confirm the information that you would like to inform us in advance for the entrance examination or study.
The information you provide is not to affect your admission result.

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

Please fill in the column below if you have or had any major illnesses or injuries and would like to inform us of that for the entrance exam or study.

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 beingtreated

Please fill in the right column if you have currently been taking any medications for illnesses mentioned above.	Diagnosis
	Name of medicine

Please fill in the right column with details if you need special consideration for the entrance examination or study after enrollment including practical training, due to any illnesses mentioned above.	

Have you already applied for or informed us that you need special consideration for the entrance examination?

☐Yes, I have. ☐No, I have not.

※If you have disability and need special consideration for the entrance examination , please contact 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.