

## 2025 Summer Intensive Program at Nagoya University, Japan (NUSIP)

### ■ Health Certificate

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer the questions below by checking the appropriate box, before submitting to a physician for your physical examination.

1. What diseases, disorders or injuries have you had in the past five years?
2. Have you received any counselling/undergone any treatment for mental health-related symptoms in the last five years? If yes, please specify. Yes/No
3. Do you have any allergies to foods, plants or animals? Please specify. Yes/No
4. Have you ever had an adverse reaction to medication? Please specify. Yes/No
5. Are you taking medication now? Please specify. Yes/No

### To the Physician:

Please review the applicant's medical history and complete the information below, giving details concerning any positive indications. If there are any abnormalities in the following systems, circle '+' and explain in detail.

- |                          |       |                        |       |
|--------------------------|-------|------------------------|-------|
| 1. Head/Ears/Nose/Throat | + / - | 6. Musculoskeletal     | + / - |
| 2. Respiratory           | + / - | 7. Metabolic/Endocrine | + / - |
| 3. Cardiovascular        | + / - | 8. Neuropsychiatric    | + / - |
| 4. Eyes                  | + / - | 9. Skin                | + / - |
| 5. Genitourinary         | + / - |                        |       |

Physician's Comments:

After reviewing the applicant's medical history and physical condition, I believe him/her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing a six week summer program in a Japanese university.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name <please print>: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Details: 1) Tel/Fax: \_\_\_\_\_ 2) E-mail: \_\_\_\_\_