

## Health Self-Assessment for Foreign Students or Faculty Visiting UoM

Health Care and Security Center  
University of Miyazaki

I. *Please fill in the information below:*

Passport Name:

Date of birth:

Gender:

Nationality:

Period of stay in Japan:

Home university:

Faculty/Department:

II. *In the past year have you traveled to any other countries besides Japan?*

YES     NO

*If your answer is "YES" please list the country or countries visited below:*

( \_\_\_\_\_ )

III. *Please check the relevant box(es) for any health issues you have experienced.*

- tuberculosis     measles     rubella     hepatitis  
 heart disease     respiratory ailment     kidney disorder  
 liver / digestive disorder     metabolism /autoimmune disorder  
 neurological disorder     mental illness  
 drug allergy     food allergy     none  
 other ailment

(please list name here: \_\_\_\_\_ )

IV. *Please check the relevant box(es) for any infectious disease(s) you have had.*

- tuberculosis     Ebola hemorrhagic fever  
 Middle East respiratory syndrome (MERS)  
 Severe acute respiratory syndrome (SARS)  
 dengue fever     malaria     none

(Have you ever had a contact: \_\_\_\_\_ )

V. *Are you currently being treated for any medical condition?*

YES     NO

(Medical condition name: \_\_\_\_\_ )

*Are you currently taking any medication?*

YES       NO

(Medication name: \_\_\_\_\_ )

VI. *Please list in the space below any other health issues you may have.*

( \_\_\_\_\_ )

I hereby confirm that the information provided above is accurate.

**NOTICE:**

*The information provided above by the individual will only be used for the purposes of providing him or her with healthcare services and health status judgment, and it will be managed by in accordance with the University of Miyazaki's policy on safeguarding personal information.*