

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.*

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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.