

Name of Student (Family, Middle, Given) 氏名 <b>Takeshi Tanaka</b>		Gender 性別 <b>Male 男性</b> , Female 女性
Birthdate (M, D, Y) 誕生日 <b>Apr. 27, 2000</b>	Address 住所 <b>56-1 Toji-in, Kitamachi, Kitaku, Kyoto 603-8577 Japan</b>	


**Part 1: Physical and Mental Status (must be completed by Physician or Health Care Provider)**

以下は英語または日本語で、医師に記載してもらうこと。

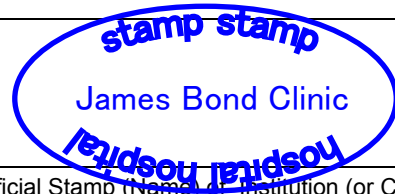
1. Physical Examination (date: <b>Jan, 01, 2019</b> ) Height <u>175</u> cm, Body Weight <u>85.0</u> kg, Blood Pressure <u>120 / 85</u> , Pulse <u>80</u> /min Urinalysis Protein ( - ), Blood ( - ), Sugar ( - )
2. Is there any significant medical, surgical or psychiatric conditions <b>in the past</b> ? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If <b>YES</b> , please describe:
3. Is there any significant medical, surgical or psychiatric conditions <b>at present</b> ? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If <b>YES</b> , please describe:
<b>If there is any ongoing care/treatment, provide detail on "Medical Information &amp; Certificate"</b>
4. Is there any allergies to food or medications? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If <b>YES</b> , please describe: <b>Shellfish allergy</b> ※Is there any possibility of anaphylaxy? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
5. Recommendations regarding travel/study abroad: <b>None</b>

**Dr. James Bond**

Print name of Physician/Health Care Provider



Physician/Health Care Provider's Signature



Official Stamp (Name) of Institution (or Clinic)

**Dec. 01, 2018**

Date

Part 2-1: Tuberculosis (TB) Screening Questionnaire 結核に関するスクリーニングです

Students should mark this page (Self-evaluation) 学生が自分で印を付けること

Name of Student (Family, Middle, Given) 氏名 **Takeshi Tanaka**

Please answer the following questions: 以下の質問に答えてください

Have you ever had close contact with persons known or suspected to have active TB disease? (If yes, please CIRCLE the country, below)  Yes  No  
 今までに、活動性の肺結核にかかっている、又は疑いのある人と接触したことがありますか?  はい  いいえ

Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)  Yes  No  
 あなたは、下記のリストにある結核高蔓延国で生まれましたか? (国名に丸を付けてください)  はい  いいえ

- |                                  |                                       |                                  |                          |                                    |
|----------------------------------|---------------------------------------|----------------------------------|--------------------------|------------------------------------|
| Afghanistan                      | Comoros                               | Iraq                             | Namibia                  | Somalia                            |
| Algeria                          | Congo                                 | Kazakhstan                       | Nauru                    | South Africa                       |
| Angola                           | Côte d'Ivoire                         | Kenya                            | Nepal                    | South Sudan                        |
| Anguilla                         | Democratic People's Republic of Korea | Kiribati                         | New Caledonia            | Sri Lanka                          |
| Argentina                        | Democratic Republic of the Congo      | Kuwait                           | Nicaragua                | Sudan                              |
| Armenia                          | Dominican Republic                    | Kyrgyzstan                       | Niger                    | Suriname                           |
| Azerbaijan                       | Ecuador                               | Lao People's Democratic Republic | Nigeria                  | Swaziland                          |
| Bangladesh                       | El Salvador                           | Latvia                           | Northern Mariana Islands | Syrian Arab Republic               |
| Belarus                          | Equatorial Guinea                     | Lesotho                          | Pakistan                 | Tajikistan                         |
| Belize                           | Eritrea                               | Liberia                          | Palau                    | Tanzania (United Republic of)      |
| Benin                            | Ethiopia                              | Libya                            | Panama                   | Thailand                           |
| Bhutan                           | Fiji                                  | Lithuania                        | Papua New Guinea         | Timor-Leste                        |
| Bolivia (Plurinational State of) | Gabon                                 | Madagascar                       | Paraguay                 | Togo                               |
| Bosnia and Herzegovina           | Gambia                                | Malawi                           | Peru                     | Tunisia                            |
| Botswana                         | Georgia                               | Malaysia                         | Philippines              | Turkmenistan                       |
| Brazil                           | Ghana                                 | Maldives                         | Portugal                 | Tuvalu                             |
| Brunei Darussalam                | Guinea                                | Mali                             | Qatar                    | Uganda                             |
| Bulgaria                         | Guinea-Bissau                         | Marshall Islands                 | Republic of Korea        | Ukraine                            |
| Burkina Faso                     | Guyana                                | Mexico                           | Republic of Moldova      | Uruguay                            |
| Burundi                          | Haiti                                 | Micronesia (Federated States of) | Romania                  | Uzbekistan                         |
| Cabo Verde                       | Honduras                              | Mongolia                         | Russian Federation       | Vanuatu                            |
| Cambodia                         | India                                 | Montenegro                       | Rwanda                   | Venezuela (Bolivarian Republic of) |
| Cameroon                         | Indonesia                             | Morocco                          | Sao Tome and Principe    | Viet Nam                           |
| Central African Republic         |                                       | Mozambique                       | Senegal                  | Yemen                              |
| Chad                             |                                       | Myanmar                          | Serbia                   | Zambia                             |
| <b>China</b>                     |                                       |                                  | Sierra Leone             | Zimbabwe                           |
| China, Hong Kong SAR             |                                       |                                  | Singapore                |                                    |
| China, Macao SAR                 |                                       |                                  | Solomon Islands          |                                    |
| Colombia                         |                                       |                                  |                          |                                    |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)  Yes  No  
 今まで、1つ以上の上記結核高蔓延国へ頻繁に又は、長期の訪問をしたことがありますか?  はい  いいえ  
 (国名に丸を付けてください)

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No  
 今までにハイリスクな施設(例:更生施設、長期の療養所、ホームレスシェルター等)に居住したこと、あるいは働いていたことはありますか?  はい  いいえ

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  Yes  No  
 活動性肺結核患者のケアにボランティアまたは仕事として従事したことがありますか?  はい  いいえ

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  Yes  No  
 無医療、貧困、薬物乱用またはアルコール依存症—のような、潜在性肺結核感染症または活動性肺結核のリスクが高い集団に属していたことはありますか?  はい  いいえ

Please show the result of this page to your physician or health care provider, and ask to complete the following Part2-2.

この結果を医師に見せて、次の Part2-2 を完成してもらってください。

Part 2-2. Clinical Assessment by Physician or Health Care Provider

医師が記入すること

To Physician or Health Care Providers; please review and verify the information in Part2-1 "Tuberculosis (TB) Screening Questionnaire";

Name of Student (Family, Middle, Given) 氏名 Takeshi Tanaka

Is there any YES to any of the questions in Part 2-1?

NO  
 YES

If **NO**, no further examination is required.  
 You may finish with your signature at the bottom of this page.

If **YES**, please complete the following TB screening examination.

Does the student have a history of BCG vaccination? Yes \_\_\_ No

If Yes, IGRA should be performed instead of TST.

If there is no history of BCG, either TST or IGRA is accepted.

Instead of performing TST or IGRA, a recent \* result of Chest X-ray is also accepted. (\*Within 2 months)

1. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)

Date Given: Oct / 01 / 2018 Date Read: Oct / 16 / 2018  
M D Y M D Y

Result: 0 mm of induration \*\*Interpretation: positive \_\_\_ negative

2. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_ / \_\_\_ / \_\_\_ (specify the method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative \_\_\_ positive \_\_\_ indeterminate \_\_\_ borderline \_\_\_ (T-Spot only)

3. If TST or IGRA is positive; chest X-ray is REQUIRED to exclude active TB.

Chest x-ray:

Date of chest x-ray: \_\_\_ / \_\_\_ / \_\_\_ Result: normal \_\_\_ abnormal \_\_\_  
M D Y

Dr. James Bond

Print name of Physician / Health Care Provider

James Bond

Signature of Physician / Health Care Provider



Official Stamp (Name) of Institution (or Clinic)

Dec. 01, 2018

Date (M, D, Y)

**Appendix 1: Medical Information & Certificate**

病気で治療中または注意が必要な人は、医師に記載してもらってください。



To Physicians/Medical Providers who may concern,

I would appreciate it very much if you could inform me of the corresponding student's state of illness; diagnosis, course of illness/treatment (present prescription), precautions during his/her stay in Japan, and permission to travel and stay abroad for certain period, etc.

**Please check your prescription if they are approved in Japan or not. Please change the prescription if considered illegal in Japan.**

Thank you in advance.

Medical Service Center, Ritsumeikan University  
Prof. Katsumi Nakagawa, MD, PhD  
E-mail; globalhc@st.ritsume.ac.jp

<b>Name of Student</b> (Fam/mid/given): Takeshi Tanaka	Gender; <input checked="" type="radio"/> male / <input type="radio"/> female
Address: 56-1 Toji-in, Kitamachi, Kitaku, Kyoto 603-8577 Japan	
Birthday (year/month/day): 1968, Apri. 27	

<b>Diagnosis:</b>
#1 Shellfish allegy
#2
#3

<b>Present prescription:</b> (Please write in generic name; name of products may differ among countries)
■ <b>Some drugs are prohibited in Japan; ex. Methamphetamine &amp; Amphetamine.</b> Check the following URL for detail: <a href="https://jp.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/importing-medication/">https://jp.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/importing-medication/</a>
■ When <b>the student must carry more than one month's supply</b> (except prohibited drugs and controlled drugs), he/she is required to obtain a so-called " <b>Yakkan Shoumei</b> ", or an <b>import certificate</b> in advance, and show the "Yakkan Shoumei" certificate with the prescription medicines at the Customs. Otherwise, he/she may bring <u>up to one month's supply</u> .
#1
#2 None
#3
#4

<b>Past History, Drug &amp; Food Allergy:</b>
Shellfish allegy

<b>Course of Illness&amp;Treatment, Precautions during the stay in Japan:</b>
To avoid touch and eat Shellfish

<b>Permission to travel and stay abroad for the following period:</b> From <u>May 14, 2019</u> until <u>June 16, 2019</u> .
Fits to participate in the study program

Date: Dec. 01, 2018

Healthcare Provider Name, Address, AND SIGNATURE (REQUIRED):

Dr. James Bond

# 1101-1234 Mail St. New York, NY, USA