HIROSAKI UNIVERSITY Summer Program

SELF DECLARATION OF HEALTH

To the Director of Department of International Education & Collaboration, Hirosaki University

1. Have you ever had any particular diseases?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Yes → | （Name of disease |  | ） |
| □ | No |  |  |  |

２. Are you currently taking any medicines?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Yes → | （Name of medicine |  | ） |
| □ | No |  |  |  |

３. Do you have any allergies?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Yes → | （Types of allergies |  | ） |
| □ | No |  |  |  |

４. Have you ever consulted with psychotherapist or psychiatrist?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ | Yes → | （Symptoms |  | ） |
| □ | No |  |  |  |

5. If you are worried about your health condition, please feel free to write anything you want to convey.

|  |
| --- |
|  |

I hereby certify that the above statements are true and correct.

|  |  |
| --- | --- |
| Date(yyyy/mm/dd) |  |
| Home University |  |
| Student’s Name |  |
| Signature |  |