

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 have any concerns about your health conditions, please feel free to write anything.

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

Date(yyyy/mm/dd)

Home University

Student's Name

Signature
