



Medical Examination Form

Fukuoka Institute of Technology

I. Personal Information

1. Name: _____ Date of Birth: _____
2. Gender: _____
3. Nationality: _____
4. Address: _____

II. General Health Information

1. Allergies (any drugs, food, plants, animals)
- _____
2. Explain the allergic responses:
- _____
3. Any Treatment Required
- _____
4. Current Medications: If you are under any medical treatments, please describe the conditions.
- _____

Note:

There are no medical institutions near FIT that can treat psychiatric disorders or disabilities in a language other than Japanese. For individuals currently receiving psychiatric treatment and who will require treatment after coming to Japan, you may confirm further details with FIT and consult with your primary care provider about your treatment plan before coming to Japan.

III. Clinical Examination

I certify that I have carefully examined the following test and the result of his/her chest X-ray is as indicated ;

- | | |
|--------------------------------|-----------------|
| 1. Cardiovascular System _____ | Remarks if any: |
| 2. Respiratory System _____ | |
| 3. Abdomen _____ | |
| 4. Neurological _____ | |

5. Tuberculosis (BCG)

* Any evidence of active TB detected? (Pregnant Women are exempt from Chest X-Ray)

6. Measles Vaccination

Date: _____

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature of the Doctor: _____ Date: _____

Clinic's Stamp & Address: _____

WARNING: IT IS AN OFFENCE UNDER THE IMMIGRATION ACT TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION