

Medical Information & Certificate

Please have your physician fill out this form. 現在通院中の人は、主治医にこの用紙を書いてもらってください。

Necessary, only when you have an illness that should be followed in Japan

To whom it 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. If you may have any concern or questions, please let us know.

Thank you in advance.

Medical Service Center, Ritsumeikan University

Prof. Katsumi Nakagawa, MD, PhD

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Name (Fam/mid/given):	Gender; male/female
Address:	
Birthday (year/month/day):	
Diagnosis: #1 #2 #3	
Present prescription: (Please write in generic name; name of products may differ among countries)	
Past History, Drug & Food Allergy:	
Course of Illness&Treatment, Precautions during the stay in Japan:	
Permission to travel and stay abroad for certain period:	

Date:

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