

**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