Number of flu patients rises in Japan in winter!

In Japan, influenza activity most commonly peaks between December and March. It has been reported that influenza vaccination can reduce the risk of disease onset even if one is infected with influenza and can be effective in making the illness milder if one does get sick. The number of people getting the flu shot is on an increasing trend in Japan.

To make your stay fruitful, we highly recommend you to get a flu shot before travelling. For the detail, please ask your home doctor.

Health Certificate Form for International Students

留学生のための健康診断書

Medical Service Center, Ritsumeikan University

Name of Student (Family, Middle, Given) 氏名	Gender 性別 Male 男性, Female 女性
Birthday (M, D, Y) 誕生日	Address 住所

Part 1: Physical and Mental Status (must be completed by Physician or Health Care Provider)

以下は英語または日本語で、医師に記載してもらうこと。

1.	Physical Examination (date:) Height _____cm, Body Weight_____kg, Blood Pressure _____/_____ , Pulse _____ /min Urinalysis Protein ( ), Blood ( ), Sugar ( )
2.	Is there any significant medical, surgical or psychiatric conditions **in the past**? ☐NO ☐YES If **YES**, please describe:
3.	Is there any significant medical, surgical or psychiatric conditions **at present?** ☐NO ☐YES If **YES**, please describe: **If there is any ongoing care/treatment, provide detail on "Medical Information & Certificate"**
4.	Is there any allergies to food or medications? ☐NO ☐YES If **YES**, please describe: ※Is there any possibility of anaphylaxy? ☐NO ☐YES
5.	Recommendations regarding travel/study abroad:

_____

Print name of Physician/Health Care Provider　　Official Stamp (Name) of Institution (or Clinic)

_____　　_____

Physician/Health Care Provider's Signature　　Date

Part 2-1: Tuberculosis (TB) Screening Questionnaire　結核に関するスクリーニングです

Students should mark this page (Self-evaluation)　学生が自分で印を付けること

Name of Student （Family, Middle, Given） 氏 名

Please answer the following questions:　以下の質問に答えてください

Have you ever had close contact with persons known or suspected to have active TB disease? 今までに、活動性の肺結核にかかっている、又は疑いのある人と接触したことがありますか？	❑ Yes はい	❑ No いいえ
Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) あなたは、下記のリストにある結核高蔓延国で生まれましたか？（国名に丸を付けてください）	❑ Yes はい	❑ No いいえ

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	Viet Nam
Central African Republic	Haiti	Montenegro	Senegal	Yemen
Chad	Honduras	Morocco	Serbia	Zambia
China	India	Mozambique	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	
China, Macao SAR			Solomon Islands	
Colombia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) 今まで、1つ以上の上記結核高蔓延国へ頻繁に又は、長期の訪問をしたことがありますか？ （国名に丸を付けてください）	❑ Yes はい	❑ No いいえ
Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? 今までにハイリスクな施設（例：更生施設、長期の療養所、ホームレスシェルター等）に居住したこと、 あるいは働いていたことはありますか？	❑ Yes はい	❑ No いいえ
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? 活動性肺結核患者のケアにボランティアまたは仕事として従事したことがありますか？	❑ Yes はい	❑ No いいえ
Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? 無医療、貧困、薬物乱用またはアルコール依存症―のような、潜在性肺結核感染症または活動性肺結核のリスクが高い集団に属していたことはありますか？	❑ Yes はい	❑ No いいえ

Please show the result of this page to your physician or health care provider, and ask to complete the following Part2-2.

この結果を医師に見せて、次の Part2-2 を完成してもらってください。

Part 2-2. Clinical Assessment by Physicain or Health Care Provider　医師が記入すること

To Physician or Health Care Providers;　please review and verify the information in Part2-1 "Tuberculosis (TB) Screening Questionnaire";

Name of Student （Family, Middle, Given） 氏 名

Is there any YES to any of the questions in Part 2-1?

☐ NO
☐ YES

If **NO**, no further examination is required.

You may finish with your signature at the bottom of this page.

If YES, please complete the following TB screening examination.

Does the student have a history of BCG vaccination?　**Yes** _____ **No** _____

If Yes, IGRA should be performed instead of TST.

If there is no history of BCG, either TST or IGRA is accepted.

Instead of performing TST or IGRA, a recent * result of Chest X-ray is also accepted. (*Within 2 months)

1. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)

Date Given: ____/____/____　　Date Read: ____/____/____
M D Y　　M D Y

Result: _____ mm of induration　　**Interpretation: positive____ negative____

2. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____　(specify the method)　QFT-GIT　T-Spot　other_____
M D Y

Result: negative___　positive___　indeterminate___　borderline___ (T-Spot only)

3. If TST or IGRA is positive; chest X-ray is REQUIRED to exclude active TB.

Chest x-ray:

Date of chest x-ray: ____/____/____　　Result: normal____ abnormal_____
M D Y

Print name of Physician / Health Care Provider

Official Stamp (Name) of Institution (or Clinic)

Signature of Physician / Health Care Provider

Date (M, D, Y)

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.ritsumei.ac.jp

Name of Student (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)

- **Some drugs are prohibited in Japan; ex. Methamphetamine & Amphetamine**. Check the following URL for detail: https://jp.usembassy.gov/u-s-citizen-services/local-resources-of-u-s-citizens/doctors/importing-medication/
- When **the student must carry more than one month's supply** (except prohibited drugs and controlled drugs), he/she is required to obtain a so-called **"Yakkan Shoumei", or an import certificate** in advance, and show the "Yakkan Shoumei" certificate with the prescription medicines at the Customs. Otherwise, he/she may bring up to one month's supply.

#1

#2

#3

#4

Past History, Drug & Food Allergy:

Course of Illness&Treatment, Precautions during the stay in Japan:

Permission to travel and stay abroad for the following period: From_____until_____ .

Date:

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