

# Health Certificate Form for International Students

## Ritsumeikan University



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Name of Student (Family, Middle, Given)		Gender	Male, Female
Birthdate (M, D, Y)	Address		

### Part 1: Physical and Mental Status ( to be completed by Health Care Provider)

1.	Physical Examination (date: _____ ) Height _____ cm, Body Weight _____ kg, Blood Pressure _____ / _____ , Pulse _____ /min Urinalysis Protein ( ), Blood ( ), Sugar ( )
2.	[Past History] List any significant <b>past</b> medical, surgical or psychiatric conditions
3.	[Present illness] List any significant <b>current</b> medical, surgical or psychiatric conditions  <b><u>If there is any ongoing care/treatment, provide detail on “Medical Information &amp; Certificate”</u></b>
4.	[Allergy] List any allergies to food or medications: Is there any possibility of anaphylaxy?
5.	Recommendations regarding travel/study abroad:

\_\_\_\_\_  
Print name of Care Care Provider

\_\_\_\_\_  
Official Stamp (Name) of Institution (or Clinic)

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

**Part 2- 1: Tuberculosis (TB) Screening Questionnaire** (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

Were you born in one of the countries listed below that have a high incidence of active TB disease?  Yes  No  
(If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

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)  Yes  No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  Yes  No

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?  Yes  No

**If the answer is YES to any of the above questions,** Ritsumeikan University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

**If the answer to all of the above questions is NO,** no further testing or further action is required.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

## Part 2-2. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part 2-1. Persons answering YES to any of the questions in Part 2-1 are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below)      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

History of BCG vaccination? (If yes, consider IGRA if possible.)      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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### 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 \_\_\_\_\_

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 method) QFT-GIT    T-Spot    other \_\_\_\_\_  
                                  M    D    Y

Result: negative \_\_\_\_\_ positive \_\_\_\_\_ indeterminate \_\_\_\_\_ borderline \_\_\_\_\_ (T-Spot only)

Date Obtained:     /     /          (specify method) QFT-GIT    T-Spot    other \_\_\_\_\_  
                                  M    D    Y

Result: negative \_\_\_\_\_ positive \_\_\_\_\_ indeterminate \_\_\_\_\_ borderline \_\_\_\_\_ (T-Spot only)

### 3. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray:     /     /      
                                  M    D    Y

Result: normal \_\_\_\_\_ abnormal \_\_\_\_\_

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Print name of Physician / Health Care Provider

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Official Stamp (Name) of Institution (or Clinic)

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*Signature of Physician / Health Care Provider*

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Date (M, D, Y)

## Appendix 1: Medical Information & Certificate



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  
E-mail; globalhc@st.ritsumei.ac.jp

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

**Date:**

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