

**Japanese Government (MEXT) Scholarship
Self-Assessment Medical Report**

Please type or handprint clearly.

To the applicant: This is a temporary alternative form to Certificate of Health. Please fill out the form below. Successful applicants will be required to submit a Certificate of Health, including a chest x-ray, from their physician. It is important that you submit correct information regarding your medical history. Should there be any discrepancy between this form and the Certificate of Health later on, this may lead to disqualification.

This information will be beneficial to you should any medical emergencies arise while you are studying in Japan on the Scholarship.

NAME (First/Middle/Last):

DATE OF BIRTH (dd/mm/yy):

1. When and for what reason did you last consult a physician? (Colds and fevers may be omitted.)

2. What diseases, ailments or injuries have you had in the past five years? If any of these resulted in hospitalisation, please give details as to when, why and the duration of the treatment.

3. What is your current status with regard to the condition(s) described in 2?

4. Have you ever suffered from any nervous or mental disorders (including, but not limited to anxiety, depression, and eating disorders)? If yes, please provide details below.

5. Please explain any other health-related issues or disabilities (eg being legally blind, having a hearing impairment, being confined to a wheelchair or having medical treatment pending).

Signature:

Date:

The answers I have given are correct to the best of my knowledge and no information is withheld.

Please return this form along with the other forms.