

Appendix 1: Medical Information & Certificate

病気で治療中または注意が必要な人；特に日本での治療継続が必要な場合は、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.

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Name of Student (Fam/mid/given): Address: Birthday (year/month/day):	Gender; male / female / Other
Diagnosis: #1 #2	
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/services/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 " Yunyu Kakunin-sho ", 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	
Past History, Drug & Food Allergy:	
Course of Illness&Treatment, Precautions during the stay in Japan: ■ Please state the course in detail as much as possible ; you may attach a separate sheet. Thank you.	
Permission to travel and stay abroad for the following period: From _____ until _____ .	

Date:

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