

# Health Declaration for UEC Exchange Program Application

The University of Electro-Communications, Tokyo Japan

This declaration form will be managed confidentially by the UEC International Office. The information provided will be used exclusively for student health care services and will not be disclosed for any other purpose. Please note that the applicant's health status will not be a factor in the evaluation of their application. Applicants are advised to consult with their guardian or healthcare physician to ensure the information provided is as accurate as possible.

**Family Name** (in English): \_\_\_\_\_ (☐Female / ☐Male)

**First Name(s)** (in English): \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ DD / MM / YYYY

**Nationality:** \_\_\_\_\_

DD / MM / YYYY

DD / MM / YYYY

**Intended Exchange Period:** \_\_\_\_\_ to \_\_\_\_\_

**Home University Name:** \_\_\_\_\_

## Dietary Information

Please specify any dietary restrictions or preferences (e.g., vegan, vegetarian, gluten-free), providing as much detail as possible: \_\_\_\_\_

## Medical Questions

☐ No ☐ Yes Are you allergic to any foods or medications?

If "Yes," please list the specific food(s) or medication(s): \_\_\_\_\_

☐ No ☐ Yes Are you currently taking any daily prescription medication(s)?

If "Yes," please state the type and name of medication(s): \_\_\_\_\_

☐ No ☐ Yes Have you ever consulted a psychiatrist or counselor?

If "Yes," please describe the counseling history (e.g., reason, duration): \_\_\_\_\_

**Please indicate if you have any other physical or mental conditions that may require special accommodations or support while you are on campus at UEC. This information will help us provide the best possible support during your exchange period.**

☐ No ☐ Yes Attention-Deficit/Hyperactivity Disorder (ADHD) \_\_\_\_\_

☐ No ☐ Yes Social Anxiety Disorder (Anthrophobia/SAD) \_\_\_\_\_

☐ No ☐ Yes Claustrophobia (fear of enclosed places) \_\_\_\_\_

☐ No ☐ Yes Acrophobia (fear of heights) \_\_\_\_\_

☐ No ☐ Yes Panic disorder \_\_\_\_\_

☐ No ☐ Yes Extreme anxiety \_\_\_\_\_

☐ No ☐ Yes Other \_\_\_\_\_

**Medical History**

Please indicate if you have ever been diagnosed with or treated for any of the following conditions. If "Yes," please provide details in the "Condition / Remarks" (e.g., diagnosis date, treatment, current status).

- ☐ No ☐ Yes **Asthma:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Diabetes:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Heart Disease:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Hypertension** (High Blood Pressure): Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Epilepsy/Seizures:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Surgical History:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Hospitalization History:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Chronic Illness:** Condition/Remarks \_\_\_\_\_
- ☐ No ☐ Yes **Other significant conditions** (please specify): Condition/Remarks \_\_\_\_\_

**Immunization Record / Vaccination History (DD/MM/YYYY)**

- ☐ No ☐ Yes **Measles:** Last Vaccination Date (if known) \_\_\_\_\_
- ☐ No ☐ Yes **Rubella:** Last Vaccination Date (if known) \_\_\_\_\_
- ☐ No ☐ Yes **Hepatitis:** Specify type and Last Vaccination Date (if known) \_\_\_\_\_
- ☐ No ☐ Yes **Tuberculosis (BCG):** Last Vaccination Date (if known) \_\_\_\_\_
- ☐ No ☐ Yes **COVID-19:** Last Vaccination Date (if known) \_\_\_\_\_
- ☐ No ☐ Yes **Other vaccinations** (Tetanus, Mumps, Polio, Influenza etc.):  
Please list and provide dates. \_\_\_\_\_

**Acknowledgement**

- ☐ I understand and acknowledge that I will be required to undertake a medical check-up provided by UEC after my admission to the JUSST program. I also understand that the successful completion of the exchange program and the safety of the student are of utmost importance. Therefore, I agree that my participation may be denied if the university or the host institution determines that my health condition could hinder a safe program execution.

**Applicant Information**

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

**Home University International Office or Authorized Staff Acknowledgement**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_