

学生定期健康診断 個人調査票

Medical Checkup Questionnaire

Submit to: NCU Health Center

※ Fill in the thick frame in advance

※If you are pregnant or you might be pregnant, please check.

Implementation date	year _____ month _____ day _____
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Undergraduate	Medical School / Pharmaceutical Sciences / Economics Humanities and Social Sciences / Design and Architecture Nursing / Biology and Integrated Sciences / Data Science	Grade	Student ID Number	Name
			Date of Birth	year _____ month _____ day _____

Graduate School	Medical Sciences / Pharmaceutical Sciences / Economics Humanities and Social Sciences / Design and Architecture Nursing / Sciences / Data Science	Grade	5. Are you currently taking medication?	
	(Course) Master / Doctoral / Research student / Other		Name of medicine ()	Since (year month)

Please check the most appropriate option/s.

- If you have a fever, cough, or other symptoms, please take the Checkup on the backup day.
 - Today's body temperature (please check at home in advance) (. °C)
 - If you currently have the following symptoms, please write circles in the corresponding symptoms.
 - 【Internal medicine】** Headache / Palpitations / Dizziness / Dizziness on standing up
Breathlessness / Irregular pulse / Chest Pains / Stomachache
Constipation / Hematochezia / Anorexia / Fainted
 - 【Otolaryngology】** Difficulty in hearing / Tinnitus / Cough / Sputum
 - 【Orthopedics】** Bent spine / Lumbago / Arm pain / Leg pain / Numbness of the hands or feet
 - 【Dentistry】** Toothache / Tooth stains / Jaw pain / Blood comes out of the gums
 - 【Ophthalmology】** Loosing vision / Hyperemia / Blurred vision
 - 【Allergy】** Atopic disease / Pollen / Foods () / Epipen / Other ()
 - 【Condition】** Fatigue for over a week / Gain or decrease in weight by more than 5kg in 6months
Irregular periods / Melancholy / Insomnia / Irregular sleep
- Do you want to consult about your health condition? (Yes · No) Details:

4. Are you currently under any medical treatment or medical follow-up ?

Disease·Injury (part)	Since	Had surgery or not	under treatment/follw-up/cured	Other
		yes / no	under treatment / follw-up / cured	
		yes / no	under treatment / follw-up / cured	
		yes / no	under treatment / follw-up / cured	

Name of medicine () Since (year month)

Name of medicine () Since (year month)

Name of medicine () Since (year month)

- Do you have any disability? (Yes · No)
If yes, what is the disability? ()
- Do you want a support in student life? (Yes · No)

If yes, please fill in the details below.

Please fill out the support you want in your school life. (If you have difficulty with school life because of mental, physical, and developmental disabilities, please fill out the support you want.)

※We may contact you regarding what you filled in.
※Please understand that we may not be able to respond what you will request.

Inquiries (medical checkup, mental and physical health, consulting with counselor or doctor)

- ★ Health Center 052-872-5881 Takiko Campus Building No.2 1st floor
- ★ Student Affairs Div. Student Support Office 052-872-5042
Takiko Campus Building No.3 1st floor

以下は大学記入欄

【問診】 <input type="checkbox"/>	【聴力(会話域)】 <input type="checkbox"/>	【胸部X線】 なし · あり (新入生・以前の精密検査該当者・最高学年(医学部医学科は4年生)の希望者)
【その他】		【心電図】 なし · あり (新入生・以前の精密検査該当者・部活動等で結果を必要とする者のうち希望者)