Sample Form

T9999

携帯・TEL (000 - 0000 - 0000

E-mail (00000000 @ 00000000

所属学部·研究科名

工学

心報音

類関節症

1. 正常 要う蝕治療歯

不整脈

歯周疾患

質血 | その他(

東北 大

- ➤Fill out both sides of the form in pencil.
- ➤ Please keep writing/marks within the provided spaces.

2022123456

0 8 2 8 4

Please do not soil or fold the form (it will be mechanically scanned).

Tohoku University Medical Examination Form

東北大学定期健康診断票/Tohoku University Medical Examination Form

記号 T

千の位 9

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9

該当する箇所を遭くはっきりと記入して健診当日特勢してくださ

Please complete the items inside the heavy borders (1235678).

① Examination Number

Enter characters in the spaces provided, then fill in the corresponding boxes.

2 Student ID Number

Enter your Examination Number here too.

③ Contact Information

Enter your own contact information at which you can be reached directly. We may contact you if follow-up exams etc. are needed.

Date of Exam

Enter the date on which you will undergo the exam.

6 History of Measles Vaccination/Illness

Check your medical records before entering this information.

7 Prior Illnesses

If you answer "YES," enter the illness name, and age at which you contracted it. If you need a consultation, contact the Student Health Care Center separately to make an appointment.

® COVID-19 Vaccination History

Enter the number of vaccinations you have received. This information will be used for campus prevention measures. Please answer if possible.

(Optional)

Mote:

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科

歯

科

医筋印

胸部×線

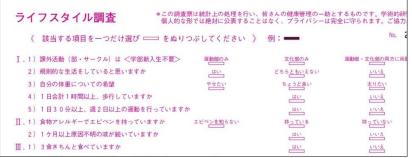
尿

① Please be sure your Examination Number is entered correctly. If there are any mistakes in the characters or mark sheet, your medical examination results may not be registered correctly, which will cause problems in the future.

2 任意 optiona

Lifestyle Survey

<u>Please answer some questions about your</u> lifestyle/habits.



採尿時期 採尿の 1. 検査時 2. 検査日早朝尿 2.

- * You do not have to respond to questions marked "Not Required for New Undergraduate Students."
- * Choose the most relevant answer. Select only one answer.