

# Sample Form

- Fill out both sides of the form in pencil.
- Please keep writing/marks within the provided spaces.
- Please do not soil or fold the form (it will be mechanically scanned).

## Tohoku University Medical Examination Form

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

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

ID: 01 2022123456

② Student ID Number: T9999

③ Faculty: 工学 (Faculty of Engineering)

③ Name: 東北 大 (Tohoku University)

③ Date of birth: 〇〇/〇〇/〇〇

③ Contact Information: TEL ( 〇〇 - 〇〇〇 - 〇〇〇 ) E-mail ( 〇〇〇〇〇〇 @ 〇〇〇〇〇〇 )

① Examination Number: 1 9 9 9

⑤ Date of Exam: 20 12 月 日

⑥ History of Measles Vaccination/Illness: ① 予防接種歴 (Vaccination history) ② 麻疹歴 (Measles history)

⑦ Prior Illnesses: ① 麻疹 (Measles) ② 風疹 (Rubella) ③ 水痘 (Chickenpox) ④ 帯状疱疹 (Shingles)

⑧ COVID-19 Vaccination History: 接種回数 (Number of vaccinations)

- 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.
- ⑤ 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.
- ⑧ 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)

**Note:**

- 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.

## Lifestyle Survey

Please answer some questions about your lifestyle/habits.

ライフスタイル調査

\*この調査票は統計上の処理を行い、皆さんの健康管理の一助とするものです。学術的研究 個人的な形では絶対に公表することなく、プライバシーは完全に守られます。ご協力

《 該当する項目を一つだけ選び ◯ をぬりつぶしてください 》 例:  No. 2

I. 1) 課外活動(部・サークル)は <学部新入生不要> 運動部のみ 文化部のみ 運動部・文化部の両方に所属  
 2) 規則的な生活をしていると思いますか はい どちらともいえない いいえ  
 3) 自分の体重についての希望 やせたい ちょうど良い 太りたい  
 4) 1日合計1時間以上、歩行していますか はい いいえ  
 5) 1日30分以上、週2日以上の運動を行っていますか はい いいえ

II. 1) 食物アレルギーでエビペンを持っていますか エビペンを知らない 持っている 持っていない  
 2) 1ヶ月以上原因不明の咳が続いていますか はい いいえ

III. 1) 3食きちんと食べていますか はい いいえ

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