Year month day

Health condition report for a month after returning home

To director of health administration center

Student number	
Faculty/graduate course	
Name	
Present address (phone number or mail address)	

I submit health report for a month after returning home, because my overseas travel ended.

Travel destination	
Travel period	year month day ～ year month day
Travel purpose	□study and training □study abroad □traveling on my own □a temporary return （For example; student for studying abroad return to the home country） □others （ ）
Health statement after returning home	**<u>In Checklist of health condition</u>** □Nothing is applicable. □I have a applicable symptom. （ month day ～ month day ） In case that you choose “I have a applicable symptom”, did you receive a treatment at an outside medical institution? □Yes（Name of the Hospital： ） （Result of the examination： ） □No

• Please submit this report to health administration center in your belonging area, after returning home for a month.

• After returning, you should take an appropriate treatment at outside medical institution immediately, if you have any symptoms.

• Even after submission of this report, you should receive a treatment and report again if your physical condition is changed.

Health administration center
in Yoshida Campus 083-933-5160
in Tokiwa Campus 0836-85-9041
in Kogushi Campus 0836-22-2380

The following space is for the health administration center.

Receipt day of this report	year month day	Confirming person’s name	
The medical check-up situation and course, etc., in case of having a symptom：			
		doctor’s signature	

（2016.5）