

## 2020 Health Checkup for current students

Date filled out (absolutely required)		yy	mm	dd			
Name	Katakana	Sex	Student ID Number				
	English		M / F				
E-mail		Age	Date of Birth				
Tel			yy	mm	dd		
Faculty	Department						
Graduate School	Major						

This year, Kobe University has decided that Medical Check-ups will not be held in order to prioritize the safety of all students regarding the worldwide spread of novel coronavirus (COVID-19). Instead, students are required to submit this document. Information collected using this form will not be used for any additional purposes, so please fill this form out accurately and submit it to obtain a better understanding of your health.

If all of the questions below are NOT relevant to you, please circle "All Not Applicable". <span style="float: right;">→</span>	<b>All Not Applicable</b> (No further questions.)
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Even if some of the questions below are only slightly relevant to you, please answer them.  
If you answer "Yes", please write down the details.

1) Are you currently anxious about your physical health condition or do you have any symptoms? Yes / No

details (since when, symptoms, etc.)
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2) Since enrolling at Kobe University, have you received or are you currently receiving treatment? Yes / No

Age	Treatment period	Illness	Details (Circle all that apply.)	Consideration for study
① (Between the age of     and     )	~ yy     mm yy     mm		Operation • Hospitalized • Out patient treatment • Absent from school	with / without
② (Between the age of     and     )	~ yy     mm yy     mm		Operation • Hospitalized • Out patient treatment • Absent from school	with / without
③ (Between the age of     and     )	~ yy     mm yy     mm		Operation • Hospitalized • Out patient treatment • Absent from school	with / without

3) Since enrolling at Kobe University, have you developed any new allergies to food or medication? Yes / No

Name of food or medicine	Symptoms	Are you taking treatment for it?
		Yes (name of medicine :     ) / No

#### 4) Questions about tuberculosis

① Have you been or are you still being treated for tuberculosis? Yes / No

Age	Treatment period	Hospitalized	Treatment / Medicine (If known.)
(Between the age of     and     )	~ yy     mm yy     mm	Yes / No	

② Are there people around you that have been or are still hospitalized for tuberculosis? Yes / No

Age	Treatment period	Symptoms	Who? (What is your relationship?)
(Between the age of     and     )	~ yy     mm yy     mm		

③ Have you had a cough, phlegm or a fever for over two weeks? Yes / No

details (since when, symptoms, etc.)
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**【Contact us】**    Medical Center for Student Health, Kobe University  
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