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| A picture containing text, businesscard  Description automatically generated | Self-Assessment Medical Report for 2026(Research Student) |

**To the applicant:** Please fill out the reference data below. Successful applicants will be required to submit a [Certificate of Health](https://www.studyinjapan.go.jp/en/_mt/2025/04/06-2026_Research_HealthCertificate.pdf), including a chest x-ray, from their physician in the late August 2025. It is important that you submit correct information regarding your medical history. If you now have or have ever had any physical or mental condition/illness, you must use an attached letter to provide an explanation from your physician stating whether you are fit to participate in the MEXT Scholarship programme and, as such, to live and study overseas. Should there be any discrepancy between this form and the Certificate of Health form later on, may lead a subject of disqualification. This information will be used to your benefit should any medical emergencies arise while you are studying in Japan on the Scholarship.

## Applicant Information

Full name: Date of Birth: Y / M / D

## Questionnaire

1. When and for what reason did you last consult a physician? (Colds, fevers may be omitted.)

2a. What diseases, ailments or injuries have you had in the past five years? If any of these resulted in hospitalisation, please give details as to when, why and the duration of the treatment.

2b. What is your current status with regard to the condition(s) described in 2a.?

3.　 Are you currently seeing a physician and/or undergoing treatment? If yes, you must detail below, AND have your doctor write a Statement of Physician (free format).

4. Have you ever suffered from any nervous or mental disorders (including, but not limited to, anxiety, depression, ADD, ADHD and eating disorders)? If yes, you must detail below AND also obtain a doctor’s letter which describes the condition in details. Please note that we may contact your doctor if further information is necessary.

5. Please explain any other health-related issues or disabilities. (ex. Legally blind, hearing impaired, confined to wheelchair, pending medical treatment etc.)

## Disclaimer

*The answers I have given are correct to the best of my knowledge and no information is withheld.*

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| Date:　 Y / M / D |

Please submit this form along with other application documents by Monday 26 May 2025, 5pm (BST).