

Declaration

(Medical declaration form)

I agree to promptly seek medical advice from a doctor whenever required by Seikei University, and I agree to correctly follow any treatment prescribed by the doctor. Failure to seek or follow medical advice may result in termination of the exchange student agreement and my immediate return to my home country. I also agree that Seikei University has the right to terminate my exchange student status and return me to my home country immediately, if the doctor or Director of SIIS (Seikei Institute for International Studies) determines that I am not able to continue my study abroad program in Japan for medical or academic reasons.

Furthermore, I agree that Seikei University has no responsibility or liability for any condition which may occur as a result of the following: a) failure to seek or follow medical treatment, b) medications or treatments I undertake without professional medical advice, c) the use of medications prescribed by doctors from medical institutions of other countries.

Student Name : _____

Student Signature : _____

Day Month Year

Date : _____ / _____ / _____

※ *If the above student is not a legal adult according to the laws of his/her home country, a Parent/Guardian signature is required*

Parent/Guardian Signature : _____

Day Month Year

Date : _____ / _____ / _____