

## Health Status / Special Assistance Request

Please submit this form (both front and back) if you have any temporary or long-term disability (examples: mobility impairment or intellectual disability; psychological disability (including developmental disorders); and other physical and mental dysfunctions.

The information disclosed in this form will be handled in a confidential manner. Tokyo Christian University will use the information only in matters related to obtaining appropriate services and accommodation.

Applicants without disabilities do not need to submit this form.

Date submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Date)

Name	_____ Family                      First                      Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	_____ / _____ / _____ Year                      Month                      Date	Age: _____
Program	Undergraduate School of Theology	
Phone	_____	
Email	_____	
<b>Auxiliary aids</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Automatic wheelchair <input type="checkbox"/> White cane <input type="checkbox"/> Hearing aid <input type="checkbox"/> Other ( _____ )		
<b>Category of Disabilities</b>		
<b>Visually impaired</b> <input type="checkbox"/> Blind <input type="checkbox"/> Amblyopia or weak eyesight		
<b>Hearing impaired / Language impaired</b> <input type="checkbox"/> Deaf <input type="checkbox"/> Auditory disturbance <input type="checkbox"/> Language disabilities		
<b>Physically disabled</b> <input type="checkbox"/> Dysfunction of upper limb <input type="checkbox"/> Dysfunction of lower limb <input type="checkbox"/> Dysfunction of upper and lower limb <input type="checkbox"/> Other functional deficit ( _____ )		
<b>Sickly</b> <input type="checkbox"/> Internal dysfunction <input type="checkbox"/> Other chronic disease ( _____ )		
<b>Developmental disabilities</b> <input type="checkbox"/> LD (Learning Disability) <input type="checkbox"/> ADHD (Attention Deficit Hyperactivity Disorder) <input type="checkbox"/> Autism / ASD (Autism Spectrum Disorder)		
<b>Mental disabilities</b> <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Mood disorders (ex: depression and etc.) <input type="checkbox"/> Neurological disorders (ex: OCD, Panic disorder and etc.) <input type="checkbox"/> Eating disorder / Sleeping disorder <input type="checkbox"/> Other mental disorders ( _____ )		
Do you have a physical disability handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Type of Disability Certificate (for those who live in Japan)</u> <input type="checkbox"/> Shintai Shougaisha Techou (Physical disability certificate) <input type="checkbox"/> Seishin Shougaisha Hoken Fukushi Techou (Mental disability certificate) <input type="checkbox"/> Ryouyou Techou (Medical rehabilitation handbook) <div style="text-align: right;">Shu (Type): _____    Kyuu (Degree): _____</div>		
Please state a name of certificate if you have one other than listed above. ( _____ )		
Have you received a doctor's diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to receive consideration for entrance examination? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to receive consideration for class environment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you wish to receive consideration for daily life? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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## Things to Consider:

### 1. Entrance Examination

- Extension of examination time
- Permission to use separate room
- Seating consideration (sitting close to windows or restroom)
- Use of auxiliary aids (wheelchair, hearing aids, crutch, lighting aids, magnifier)
- Other requirements

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### 2. Attending Classes

- Consideration in classes (information accessibility, classroom selection)
- Consideration for attendance
- Consideration for studying (make-up classes, reports, exams)
- Consideration for academic advising (preferential course registration, restrictions on class-taking)
- Consideration for extracurricular activities (practical training, club activities, etc.)
- Other

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### 3. Livelihood Support

- Consideration for a place to stay (e.g., personal space, making friends, etc.)
- Consideration for self-management (e.g., schedule-management .)
- Consideration for human relations (e.g., interpersonal skills)
- Consideration for daily living (e.g., diet, sleeping, bathing, etc.)
- Consideration for securing break room(s)
- Need of coordination with medical institutions
- Consideration for storing medical equipment and medicine
- Consideration for career guidance
- Others

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### 4. Remarks

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- ※ **Please attach a copy of a medical certificate or a physical disability handbook.**
- ※ The Admissions Office will contact those who wish to have special considerations during the admission process. The Disabled Students Support Committee will contact those who need academic assistance upon completion of enrollment procedure, after admission.
- ※ Please contact the Admissions Office if you have any questions.  
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