

Safety Management Survey

*The information provided will only be used for safety management in relevant classes.

Today's date: Y M D			Course title:		
Name:			Department (Year):		
Age:	Gender: M F	Phone number:		Email*:	

*: Please provide an e-mail address that can receive attachment files, such as study guidance materials.

<Emergency Contact>

Name:	Relationship to the student:	Phone number:
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1. Do you have any allergies you need to be mindful of during your stay?

Yes	No
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•If you answered “ yes,” please fill in the information below.

Drugs or chemicals:
Hay fever, plants, etc.:
Bee stings, other insects:
Metal, sunlight, other:

2. Are you allergic to any foods?

Yes	No
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•If you answered “ yes,” please fill in the information below.

<p>Please circle the food items that apply.</p> <p>Eggs, Dairy, Wheat, Soba, Peanuts, Shrimp, Crab, Fruit (), Other ()</p> <p>What amount do you need to ingest to incur an allergic reaction? Please give a specific example: (Ex: If shrimp particles are in the oil used for frying a fried item, I will have an allergic reaction.)</p>

3. Have you ever experienced anaphylactic shock?

Yes	No
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•If you answered “yes,” please answer the following questions.

(Continued on back)

•What caused the anaphylactic shock?

•If you carry an EpiPen, please describe where it is located in detail.
 ((Ex: It is in the red pouch I carry.)

Please consult a doctor if you have allergies that require medication or may potentially go into anaphylactic shock

4. Are you currently undergoing treatment you need to be aware of during your studies?

Yes	No
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•If you replied “yes,” please circle the relevant items.

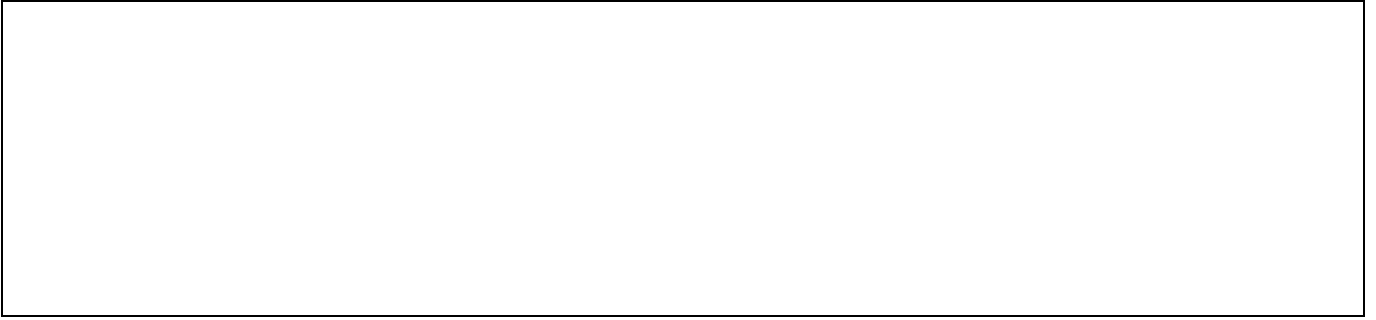
Seizures • Asthma • Epilepsy • Hives • Kidney disease • Diabetes • Heart disease • Appendicitis • Orthostatic dysregulation • Exercise-induced Anaphylaxis • Other ()

5. Including your response to Q4, please write in the blank below if you are currently seeing a doctor, being treated, or on medication for any issues. In an emergency, please describe in as much detail as possible what kind of first aid should be administered until you can get to a hospital.

6. If you have ever taken or have plans to take any lectures offered by the University of Tsukuba Mountain Science Center Sugadaira Research Station, please fill in the blanks below.

Lectures taken thus far	
Lectures you plan to take	

7. If you have any other concerns or information you would like to communicate to the faculty in charge, please write them in the space below.



If you need the file with this form, please refer to the page below.
<http://www.sugadaira.tsukuba.ac.jp/kyoiku/anzenkanri.html>