

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Visual Impairments) <1/2>**

This medical certificate will be used in the course of assessing an application for special accommodations in examinations/interviews for admission to Ritsumeikan Asia Pacific University. Thank you for your assistance in providing as much detail as possible.

Name of Applicant (Patient)		Date of Birth	Sex	
			Male	Female
Address				
Condition diagnosed				
Eyesight	Right eye: (x D Cyl D Ax)			
	Left eye: (x D Cyl D Ax)			
Entering information on current symptoms	• Please also explain impairments of visual function other than eyesight and visual field (nystagmus, near visual acuity, etc.) and any other relevant history or current symptoms.			
Current symptoms	Please be sure to <u>state specifically why it is necessary to provide EACH of the special accommodations requested by the applicant</u> in their “Ritsumeikan Asia Pacific University Support Application.” (Please use the reverse side of this form if the space here is insufficient.)			

I confirm that the above is my diagnosis.

Date:

Name of Medical Practitioner:

[seal/signature]

(Field of specialization:)

Medical Practitioner’s Place of Work:

Address/Telephone:

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Visual Impairments) <2/2>**

(Further information on current symptoms)

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Hearing Impairments) <1/2>**

This medical certificate will be used in the course of assessing an application for special accommodations in examinations/interviews for admission to Ritsumeikan Asia Pacific University. Thank you for your assistance in providing as much detail as possible.

Name of Applicant (Patient)		Date of Birth	Sex Male / Female
Address			
Condition diagnosed			
Entering information in this form	<ul style="list-style-type: none"> • If the applicant uses a hearing aid, please state the type and model below. • Please attach the results of a speech perception test if the applicant has diminished speech perception, even if the degree of impairment is mild. 		
Average hearing level	Right ear: _____ dB Left ear: _____ dB (method used: _____)		
Hearing aid	Type:		
	Model:		
Current symptoms	Please be sure to <u>state specifically why it is necessary to provide EACH of the special accommodations requested by the applicant</u> in their “Ritsumeikan Asia Pacific University Support Application.” (Please use the reverse side of this form if the space here is insufficient.)		

I confirm that the above is my diagnosis.

Date:

Name of Medical Practitioner:

[seal/signature]

(Field of specialization: _____)

Medical Practitioner's Place of Work:

Address/Telephone:

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Hearing Impairments) <2/2>**

(Further information on current symptoms)

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Movement/ Nervous System Impairments) <1/2>**

This medical certificate will be used in the course of assessing an application for special accommodations in examinations/interviews for admission to Ritsumeikan Asia Pacific University. Thank you for your assistance in providing as much detail as possible.

Name of Applicant (Patient)		Date of Birth	Sex Male / Female
Address			
Condition diagnosed	(In the case of cerebral palsy, include physiological classification etc.; in the case of spinal cord injury, include the level, etc.) Date of first diagnosis or external injury:		
Current symptoms	Instructions	• Please include information on functional impairment of the trunk (especially capacity to maintain a seated positing, reading/writing posture, etc.), functional impairment of the upper body (writing capacity, etc.), concurrent conditions, and any other relevant history and current symptoms. • If the applicant is seeking an extension in examination time (1.3 times the standard time) or a separate examination room, please explain the reasons therefor. In the case of a request for a separate examination room, if there is a particular requirement to use a private room (for the applicant alone) please also explain the reason therefor.	
	Please be sure to <u>state specifically why it is necessary to provide EACH of the special accommodations requested by the applicant</u> in their “Ritsumeikan Asia Pacific University Support Application.” (Please use the reverse side of this form if the space here is insufficient.)		
I confirm that the above is my diagnosis. Date: Name of Medical Practitioner: <div style="display: flex; justify-content: space-between; align-items: center;"> <div></div> <div>[seal/signature] (Field of specialization:)</div> </div> Medical Practitioner’s Place of Work: Address/Telephone:			

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Movement/ Nervous System Impairments) <2/2>**

(Further information on current symptoms)

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Developmental Disabilities) <1/2>**

This medical certificate will be used in the course of assessing an application for special accommodations in examinations/interviews for admission to Ritsumeikan Asia Pacific University. Thank you for your assistance in providing as much detail as possible.

Name of Applicant (Patient)			Date of Birth	Sex Male / Female
Address				
Condition diagnosed	Primary condition	(Autism, Asperger Syndrome, pervasive developmental disorder, learning disability, attention-deficit/hyperactivity disorder)		
	Concurrent conditions			
Current symptoms	Instructions	<ul style="list-style-type: none"> • If the applicant is seeking an extension in examination time (1.3 times the standard time) or a separate examination room, please explain the reasons therefor. In the case of a request for a separate examination room, if there is a particular requirement to use a private room (for the applicant alone) please also explain the reason therefor. • Please provide as much detail as possible on the need for special accommodations in relation to reading, writing, etc. 		
	Please be sure to <u>state specifically why it is necessary to provide EACH of the special accommodations requested by the applicant</u> in their “Ritsumeikan Asia Pacific University Support Application.” (Please use the reverse side of this form if the space here is insufficient.)			
Psychological/cognitive testing, behavioral assessments, etc.	Instructions	<ul style="list-style-type: none"> • If providing information on multiple tests, please use the reverse side of this form. 		
	Test name: Test date: (in principle, must be within three years of the date of application)			
I confirm that the above is my diagnosis. Date: Name of Medical Practitioner: <div style="text-align: right;">[seal/signature] (Field of specialization:)</div> Medical Practitioner's Place of Work: Address/Telephone:				

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Developmental Disabilities) <2/2>**

(Further information on current symptoms)

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Other Health Conditions) <1/2>**

This medical certificate will be used in the course of assessing an application for special accommodations in examinations/interviews for admission to Ritsumeikan Asia Pacific University. Thank you for your assistance in providing as much detail as possible.

Name of Applicant (Patient)		Date of Birth	<table border="1"> <tr> <td align="center" colspan="2">Sex</td> </tr> <tr> <td align="center">Male</td> <td align="center">/ Female</td> </tr> </table>	Sex		Male	/ Female
Sex							
Male	/ Female						
Address							
Condition diagnosed							
Current symptoms	Instructions	<ul style="list-style-type: none"> If the applicant is seeking an extension in examination time (1.3 times the standard time) or a separate examination room, please explain the reasons therefor. In the case of a request for a separate examination room, if there is a particular requirement to use a private room (for the applicant alone) please also explain the reason therefor. 					
	<p>Please be sure to <u>state specifically why it is necessary to provide EACH of the special accommodations requested by the applicant</u> in their “Ritsumeikan Asia Pacific University Support Application.” (Please use the reverse side of this form if the space here is insufficient.)</p>						

I confirm that the above is my diagnosis.

Date:

Name of Medical Practitioner:

[seal/signature]

(Field of specialization:)

Medical Practitioner's Place of Work:

Address/Telephone:

**(b) 2025 Academic Year Ritsumeikan Asia Pacific University Medical Certificate
for Special Accommodations (for Other Health Conditions) <2/2>**

(Further information on current symptoms)