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

Name of	1		Da	ite			S	Sex
Applicant (Patient)			of Bir	rth	_		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	near visual acuit	ty, etc.) and any		history or	current sym	ptoms.		
Current symptoms	Please be sure accommodation Application." (P	ns requested by	y the applicant	in their "R	Litsumeikan .	Asia Pacif	fic Univers	he special ity Support
I confirm tl	hat the above is	s my diagnos	sis.					
Date:								
Name of M	Medical Practition	er:	[seal/sigi (Fie	nature]	ialization:)
Medical Pr	ractitioner's Place	of Work:						
Address/Te	elephone:							

(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>

Name of		Date	Sex
Applicant (Patient)		of Birth	Male / Female
Address		Ditti	
Condition diagnosed			
Entering information in this form	 If the applicant uses a hearing aid, please Please attach the results of a speech perception, even if the degree of impairment 	perception test if the applicant ha	as diminished speech
Average hearing level	Right ear: dB Left ear:	dB (method used:)
Hearing aid	Type:		
	Model:		
Current symptoms	Please be sure to state specifically whaccommodations requested by the application." (Please use the reverse side of the state of the s	a <mark>nt</mark> in their "Ritsumeikan Asia Pacit	fic University Support
I confirm the	nat the above is my diagnosis.		
Date:			
Name of M		'signature] (Field of specialization:)
Medical Pr	ractitioner's Place of Work:		
Address/To	elephone:		

(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>

Name of		•	Date	S	ex			
Applicant (Patient)			of Birth	Male /	Female			
Address			Bitti	<u> </u>				
Condition diagnosed	injury, inc	(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:						
		to maintain a seated positing the upper body (writing cap history and current symptom). If the applicant is seeking an or a separate examination request for a separate examprivate room (for the applications of the sure to state specifically we have a set of the second services of the second services are set of the second services of the second services are set of the second services of the second second services of the second second services of the second secon	on functional impairment of the trung, reading/writing posture, etc.), functional functions, a cacity, etc.), concurrent conditions, and extension in examination time (1.3 times oom, please explain the reasons thereination room, if there is a particular ant alone) please also explain the reasons the interest in their "Ritsumeikan Asia Pacificant" in their "Ritsumeikan Asia Pacificant"	mes the stan refor. In the requirement son therefor	nairment of er relevant and time) e case of a nt to use a r. he special			
Current symptoms			of this form if the space here is insuf		ty Support			
I confirm the	hat the ab	ove is my diagnosis.						
Date:								
Name of M	ledical Prac	* *	al/signature] (Field of specialization:))			
Medical Pı	Medical Practitioner's Place of Work:							
Address/To	elephone:							

(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>

Name of			Date	S	Sex	
Applicant (Patient)			of Birth	Male /	,	Female
Address						
Primary condition			(Autism, Asperger Syndrome, pervasive developmental disorder attention-deficit/hyperactivity disorder)	, learning di	sab	ility,
diagnosed	Concurr condition					
	Instruct- ions	tin of use • Ple rel	the applicant is seeking an extension in examination time (ne) or a separate examination room, please explain the reason a request for a separate examination room, if there is a part a private room (for the applicant alone) please also explain ease provide as much detail as possible on the need for speciation to reading, writing, etc.	ns therefor. ticular requ n the reason al accommo	In the oda	the case ement to nerefor. ations in
Current symptoms	accommo	datior	to state specifically why it is necessary to provide Ens requested by the applicant in their "Ritsumeikan Astition." (Please use the reverse side of this form if the space	sia Pacific	Ur	niversity
Psychological/ cognitive testing,	Instruct- ions	• If p	providing information on multiple tests, please use the reverse side	e of this form	1.	
behavioral assessments, etc.	Test name: Test date: (in principle, must be within three years of the date of application)					
I confirm that	the abov	e is n	ny diagnosis.			
Date:						
Name of Med	Name of Medical Practitioner: [seal/signature] (Field of specialization:					
Medical Pract	Medical Practitioner's Place of Work:					
Address/Tele	phone:					

(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>

Name of			Date		Sex
Applicant			of D: 4	Male	/ Female
(Patient)			Birth	<u> </u>	
Address					
Condition diagnosed					
	accommo	or a separate examination ro- request for a separate examin private room (for the applicar sure to <u>state specifically wh</u> <u>dations requested by the applica</u>	extension in examination time (1.3 tinom, please explain the reasons ther nation room, if there is a particular alone) please also explain the reasons it is necessary to provide Examt in their "Ritsumeikan Asia Pacifof this form if the space here is insuf	refor. In the requirement of the reformation therefore the reference of th	ne case of a ent to use a or. the special
Current symptoms					
I confirm th	hat the ab	ove is my diagnosis.			
Date:					
NI CN	/ 1: 1D				
Name of M	Aedical Prac	[seal/	/signature] (Field of specialization:)
Medical Pr	ractitioner's	Place of Work:			
Address/Te	elephone:				

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

(Further information on current symptoms)	