(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Visual Impairments) <1/2>

| Name of | Date | | | | | | | Sex | | |
|---|---------------------------------------|-------------|-----------|---------------|---|--------------|-----------|-----------|----------------------|------|
| Applicant (Patient) | | | | | of Birth | | | Male | / Fem | ale |
| Address | | | | | 2 | | | | | |
| Condition diagnosed | | | | | | | | | | |
| Eyesight | <u>Right eye:</u> Left eye: | | (| x x | D D | Cyl Cyl | D D | Ax Ax | |) |
| Entering information on current symptoms | near visual | acuity, etc | .) and an | y other relev | l function oth vant history or | current syn | ptoms. | | | |
| Current symptoms | accommoda | ations req | uested b | y the applic | ny it is nece ant in their "I of this form if | Ritsumeikan | Asia Paci | fic Unive | the spe rsity Sup | port |
| I confirm t | hat the abo | ve is my | diagno | sis. | | | | | | |
| Date: | | | | | | | | | | |
| Name of N | Aedical Practi | tioner: | | | /signature] (Field of spec | cialization: | | |) | |
| Medical Pr | Medical Practitioner's Place of Work: | | | | | | | | | |
| Address/Telephone: | | | | | | | | | | |

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Visual Impairments) <2/2>

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Hearing Impairments) <1/2>

| | lucii detali as possible. | | ~ | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|--|
| Name of | | Date | Sex | | | | | | | | |
| Applicant (Patient) | | of Birth | Male / Female | | | | | | | | |
| Address | | | | | | | | | | | |
| Condition diagnosed | | | | | | | | | | | |
| Entering information in this form | 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 | Туре: | | | | | | | | | | |
| Thearing and | Model: | | | | | | | | | | |
| Current symptoms | | he applicant in their "Ritsumeik | provide EACH of the special an Asia Pacific University Support to here is insufficient.) | | | | | | | | |
| I confirm that the above is my diagnosis. | | | | | | | | | | | |
| Date: | | | | | | | | | | | |
| Name of M | Iedical Practitioner: | [seal/signature] (Field of specialization | :) | | | | | | | | |
| Medical Pr | ractitioner's Place of Work: | | | | | | | | | | |
| Address/Te | elephone: | | | | | | | | | | |

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Hearing Impairments) <2/2>

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Movement/ Nervous System Impairments) <1/2>

| providing as in | lucii uctaii a | is possible. | | | | | | | | | |
|--|---|----------------------|------------|---------------|--|--|--|--|--|--|--|
| Name of Applicant | | | Date of | Sex | | | | | | | |
| (Patient) | | | Birth | 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 | 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 t | hat the ab | ove is my diagnosis. | | | | | | | | | |
| Date: | | | | | | | | | | | |
| Name of Medical Practitioner: [seal/signature] (Field of specialization:) | | | | | | | | | | | |
| Medical Pı | cactitioner's | Place of Work: | | | | | | | | | |
| Address/Te | elephone: | | | | | | | | | | |

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Movement/ Nervous System Impairments) <2/2>

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Developmental Disabilities) <1/2>

| Name of | | 505510 | Da | te | Sex | | | | |
|---|---|--------|--|------------------------------------|--------------|------------|--|--|--|
| Applicant | | | of | 4 | Male / | Female | | | |
| (Patient) | | | Bin | th | L | | | | |
| Address | | | | | | | | | |
| Condition diagnosed | Primary condition | | (Autism, Asperger Syndrome, pervasive developmental disorder, learning disability, attention-deficit/hyperactivity disorder) | | | | | | |
| | Concurr conditio | | | | | | | | |
| | 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</u> | is necessary to provide EA | ACH of th | ne special | | | |
| Current | accommodations requested by the applicant in their "Ritsumeikan Asia Pacific University Support Application," (Please use the reverse side of this form if the space here is insufficient.) | | | | | | | | |
| symptoms | Support Application." (Please use the reverse side of this form if the space here is insufficient.) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Psychological/ cognitive testing, | Instruct- ions | ۰Ifı | roviding information on multiple | tests, please use the reverse side | of this form | | | | |
| behavioral | | | | | | | | | |
| assessments, etc. | 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: | | | | | | | | | |
| [seal/signature] (Field of specialization:) | | | | | | | | | |
| Medical Pract | titioner's Pl | ace of | Work: | | | | | | |
| Address/Tele | phone: | | | | | | | | |

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Developmental Disabilities) <2/2>

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Other Health Conditions) <1/2>

| providing as n | iuch detail | as possible. | | | | | | |
|--|---------------------------------------|---|---|---|---|---|---------------------------------------|---------------------------|
| Name of Applicant | | | | Date of | - | | Sex | |
| (Patient) | | | | Birth | | Male | / F | Female |
| Address | | | | | | | | |
| Condition diagnosed | | | | | | | | |
| Current symptoms | accommo | or a separate exa request for a sepa private room (for sure to <u>state spec</u> dations requested by | mination ro arate examin the applican cifically wh y the applic | xtension in examination time (om, please explain the reason nation room, if there is a part <u>at alone) please also explain th</u> <u>y it is necessary to provie</u> <u>ant</u> in their "Ritsumeikan Asia of this form if the space here is | ns there icular ne reas de EA a Pacif | refor. In the requirem son therefor ACH of fic Univer | he ca lent to or. the | ase of a to use a special |
| I confirm that the above is my diagnosis. | | | | | | | | |
| Date: | | | | | | | | |
| Name of Medical Practitioner: [seal/signature] (Field of specialization:) | | | | | | | | |
| Medical Pr | Medical Practitioner's Place of Work: | | | | | | | |
| Address/Telephone: | | | | | | | | |

(b) 2024 Academic Year Ritsumeikan Asia Pacific University Medical Certificate for Special Accommodations (for Other Health Conditions) <2/2>