Keio University School of Medicine
International Clinical Elective Program Application Form

Medical Information Protection Agreement

To: Dean, Keio University School of Medicine
       Director, Keio University Hospital

I hereby certify that I have understood and agree to the following conditions pertaining to my training at Keio University School of Medicine and Keio University Hospital.

1. I undertake to comply with the laws, regulations, ordinances, and normal societal standards of Japan, as well as the various regulations and internal rules of Keio University School of Medicine. I will comply with the directions of my supervisors, cooperate harmoniously with other students, faculty and staff at Keio University, and carry out my duties faithfully.

2. I will not request sensitive information that is irrelevant to the training I am receiving.

3. I undertake to keep strictly confidential all information concerning Keio University and any third party (hereinafter "confidential information") that I acquire during my elective/research program at Keio University. I will not disclose confidential information to any third party or use such information for personal purposes, either during or after my elective/research program at Keio University. Furthermore, I will handle all electronic media, documents, files, etc. containing confidential information with the utmost care.

4. In the event that I violate these undertakings, either deliberately or through my own negligence, and cause damage to Keio University, I will compensate Keio University (e.g. for the cost of hiring third-party specialists such as attorneys, etc.) if requested to do so by the University.

5. I have taken appropriate steps (chest X-ray, inoculations, etc.) to prevent myself from spreading infectious diseases such as tuberculosis and epidemic viral diseases (measles, rubella, epidemic mumps, and varicella) while I am at Keio University, and I will submit certificates providing evidence of this.

Date (dd/mm/yyyy):

Print Name:

Signature:

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