

CERTIFICATE OF HEALTH (to be completed by the examining physician)

Please fill out (PRINT / TYPE) in English.

Name : _____ , _____ Male Female Date of Birth : _____ Age : _____
Family name First name Middle name

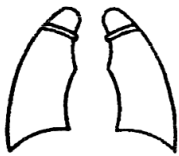
1. Physical Examinations

- (1) Height _____ cm Weight _____ kg
- (2) Blood pressure _____ mm/Hg~_____ mm/Hg Blood Type

A B O	RH + -
-------	--------

 Pulse regular irregular
- (3) Eyesight : (R) _____ (L) _____ (R) _____ (L) _____ color blindness normal impaired
without glasses with glasses or contact lenses
- (4) Hearing: normal impaired Speech: normal impaired

2. Please describe the results of physical and X-ray examinations of applicant's chest X-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



Lung : normal impaired Cardiomegaly : normal impaired

←Date _____
 Film No. _____

Electrocardiograph : normal impaired

Describe the condition of applicant's lung.

3. Disease treated at present Yes (Disease : _____)
 No

4. Past history : Please indicate with + or - and fill in the date of recovery

Tuberculosis..... (. . .) Malaria..... (. . .) Other communicable disease..... (. . .)
 Epilepsy..... (. . .) Kidney Disease..... (. . .) Heart Diseases..... (. . .)
 Diabetes..... (. . .) Drug Allergy..... (. . .) Psychosis..... (. . .)
 Functional disorder in extremities... (. . .)

5. Laboratory tests

Urinalysis : glucose (_____), protein (_____), occult blood (_____)
 ESR : _____ mm/Hr, WBC count : _____ /cmm anemia
 Hemoglobin : _____ gm/dl, GPT : _____

6. Please describe your impression.

7. In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue intended study in Japan?
 yes no

Date : _____ Signature : _____

Physician's Name in Print : _____

Office/Institution :

Address : _____