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 | ABO | 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 : _____