

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) _____ 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 : _____