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

Please fill out (PRINT/TYPE) in English and mark 󠄀✓ in appropriate □ by a physician.

 Name (Full spell):　　　　　　　　　　　　　　　　　　　 　　□Male　 □Female

Date of Birth: 　　　　　　　　　　　　 　　　　Age:

**1. Physical Examination**

 (1) Height:　　　　　　　cm Weight:　　　　　　kg

 (2) Blood pressure: 　　　　～ 　　 mm/Hg 　　Pulse: □regular □irregular

 (3) Eyesight: (R) 　　　 (L) 　　　 　☑without □With glasses or contact lenses

 (4) Hearing: □normal □impaired

(5) Speech: □normal □impaired

 (6) Lungs: □normal □impaired

(7) Heart: □normal □impaired → Electrocardiograph ( )

**2. Chest X-ray examinations** (Record within 6 months)

Date

Describe the condition of applicant's lungs: ( )

**3. Urinalysis** : glucose ( ) protein ( ) occult blood ( )

**4. The applicant's health status is adequate to study in Japan for one/half year.**

□ YES □ NO

**5. Additional comments. If he/she needs special supports, please describe in detail.**

Physician’s Signature : Date :

Physician's Name (Print) :

Office/Institution :

Address :