

Certificate of Health

Name: _____

Sex: Female Male Other

Date of Birth: _____

Department/Faculty: _____

Year: (M2) _____

Clinical Appearance	Blood Type (if confirmed) Blood pressure Color blindness Lung (X-ray) Cardiography Urinalysis Liver function
Disease Currently Being Treated	(Regular medication, if any)
Past Illness	Tuberculosis and/or other communicable disease Kidney disease Heart disease Diabetes Psychosis Drug allergy
Physician's Observation	

In view of the applicant's history and the above findings, I certify that his/her health status is adequate to pursue studies in Japan.

Date: _____

Physician's Signature: _____

(Name in Block)

Institution: _____