Certificate of Health

Applicant's Name		Sex	☐ male ☐ female
Current Address			
Date of birth (month/day/year/age)	/ / /	Height cm Weight kg	

Eyesight	right	uncorrected corrected ( )	Chest X- ray findings ☐nothing particular ☐irregular findings ⇩ Please describe below any irregular findings in the applicants respiratory organs.
	left	uncorrected corrected ( )	
Hearing	right		
	left		

Please describe applicant's medical history, if any.(e.g. hospitalization, major operation, physical disabilities)

Overall condition : Above taken together, is the general state of the applicant's health good enough for him/her to pursue the course of study in Japan? Please check one.

☐ Excellent ☐ Good, probably no serious problem ☐ May require some medical care
☐ Do not recommend

Signature of the physician
I hereby certify that above information is true and accurate to the best of my knowledge.

Affiliation:
Signature: print name: Date: