

Certificate of Health

(To be completed by the examining physician)
Japan Studies Program, Tokyo International University

Student Name: _____ Date of Birth: _____ (Month/Date/Year)

Gender: Male / Female

1. Physical Examination

(1) Height _____ cm Weight _____ kg

(2) Eyesight (R) _____ / _____ (L) _____ / _____ (Without Glasses / With Glasses or Contact Lenses)
Colorblindness (+ / -)

(3) Hearing Normal / Abnormal (4) Speech Normal / Abnormal

2. Please describe the results of the applicant's physical and X-ray examinations.

Heart: Normal / Abnormal Lung: Normal / Abnormal Chest Film: Normal / Abnormal
Findings (_____) Date _____

Blood Pressure: _____ mmHg Pulse Rate: _____ / min Regular / Irregular

3. Diseases being treated at present (e.g. Hypertension, Asthma etc.)

YES / NO

Medication (_____)
(_____)

4. Previous History: Please indicate with + or - and fill in the date of recovery (Month/Date/Year)

Tuberculosis (/ /) Malaria (/ /) Epilepsy (/ /)
 Kidney Disease (/ /) Heart Disease (/ /) Diabetes (/ /)
 Psychosis (/ /) Drug Allergy (/ /) Deep vein thrombosis (/ /)
 Other disease (_____)

5. Laboratory tests

Urinalysis: Glucose () Protein () Occult blood () Bacteriuria (+ / -)

Blood tests: WBC count _____ mm³ ESR _____ mm/Hr Hemoglobin _____ g/dl

GOT _____ IU/l GPT _____ IU/l

6. Notes:

7. Overall judgment on the applicant's health:

Date: _____ Signature: _____

Physician's name in Print: _____

Office/Institution: _____

Email Address: _____

Address: _____