

# 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 \_\_\_\_\_ mm<sup>3</sup> 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: \_\_\_\_\_