

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

If yes, please explain: (_____)

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/Mental Illness (____ / ____ / ____) 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/I GPT _____ IU/I

6. Notes:

7. In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan? : Yes / No

Date: _____ Signature: _____

Physician's name in Print:

Office/Institution:

Email Address:

Address: