

Certificate of Health

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

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

☐ 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: _____