

CERTIFICATE OF HEALTH



上智大学
SOPHIA UNIVERSITY

7-1 Kioi-cho Chiyoda-ku Tokyo 102-8554, Japan

(to be completed by the examining physician) *Please print all information clearly.

Name: _____ Sex: Male / Female
Family name First name Middle Name

Date of Birth: _____ Age: _____

1. Physical Examination · Laboratory Tests

【Height】 : _____ cm 【Weight】 : _____ kg

【Blood Pressure】 : _____ mmHg ~ _____ mmHg

【Urinalysis】 : Protein (_____) Glucose (_____) Occult Blood (_____)

【Eyesight】 : Right (_____) Left (_____) Right (_____) Left (_____)
without glasses or contact lenses with glasses or contact lenses

【Hearing】 : Right (normal / impaired) Left (normal / impaired)

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

All applicants are required to have X-ray examination taken within 6 months before the application deadline .

Cardiomegaly

normal

impaired



Electrocardiograph

normal

impaired

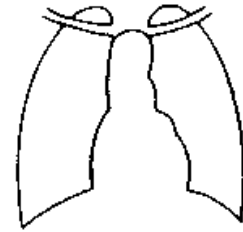
Lungs

normal

impaired

Date of X-Ray _____ (MANDATORY)

Film No. _____



Describe the condition of applicant's lungs.

3. Under medical treatment at present

Yes (Name of illness: _____) (Name of medication: _____)

No

4. Past history: Please indicate with A (recovered fully) , B (receiving follow-up care) or C (under treatment at present).

Anemia/blood disease(_____)(_____) Tuberculosis (_____)(_____)

Heart disease (_____)(_____) Kidney disease (_____)(_____)

Thyroid disease (_____)(_____) Diabetes (_____)(_____)

Asthma (_____)(_____) Epilepsy (_____)(_____)

Psychosis (_____)(_____) Drug allergy (_____)(_____)

Functional disorder in extremities (_____)(_____)

Other medical problems or history of treatment(_____)

5. Particulars or additional comments:

I hereby certify that the above information is correct, and this student does not have any medical problems to study abroad.

Date: _____ Physician's Name (Print): _____

Address: _____

Signature: _____