

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

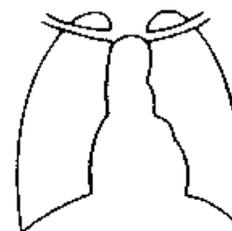
- normal
- impaired

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).

Name of illness ↓	Name of illness ↓
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: _____