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 .

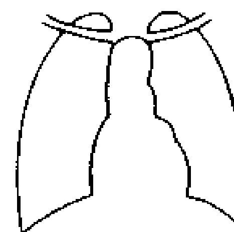
Cardiomegaly
☐ normal
☐ impaired

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: ________________________