

SAGA UNIVERSITY
Center for Promotion of International Exchange
1 Honjo-machi, Saga 840-8502, Japan

CERTIFICATE OF HEALTH

Applicant's name:			
(Family)	(First)	(Middle)	
Date of birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: () cm			
Weight: () kg			
Eye Sight: Uncorrected:		Right ()	Left ()
Corrected:		Right ()	Left ()
Hearing:		Right ()	Left ()
Urinalysis:	Albumin ()	Sugar ()	Occult Blood ()
Respiratory Organs: Chest X-ray: Please comment on condition of applicant's lungs, giving date of examination.			
Circulatory Organs: Blood Pressure: Systolic () Diastolic () P.R. () p.m.			
Nervous System: Please give a detailed description of any disease, including chronic ailments or physical disabilities, found. Please give the applicant's medical history.			
Is the general state of the applicant's health in mind and body good enough for him/her to pursue the course of study contemplated in Japan? <input type="checkbox"/> Excellent <input type="checkbox"/> With prudence, probably no serious problem <input type="checkbox"/> Adequate <input type="checkbox"/> Doubtful			

Signature:	Date:
(Physician's Name in Print):	
Office/Institution:	
Address:	

* The date of certification should not be more than 6 month prior to the application deadline.
If another type of Certificate of Health mentions all of the above examination points, it can be used in place of this form.