関西大学　健康診断証明書

Kansai University Certificate of Health

To be completed in English by the examining physician.

Name				Date of birth (yyyy/mm/dd)	Age
Family	First	Middle (if applicable)	☐ Male ☑ Female		
Sato	Stephanie	Alicia		1998 / 9 / 1	21

Physical Examinations							
Height	164 cm	Weight	60 kg	Blood type	☑ A ☐ B ☐ O ☐ AB	Rh/	☐ + ☑ −
Hearing	☑ Normal ☐ Impaired	Eyesight	(R) 1.0 (L) 1.0 ☐ with glasses or contact lenses ☑ without glasses				

X-ray Examination (Must have been taken within 6 months.)					
Lung	☑ Normal ☐ Impaired	Cardiomegaly	☑ Normal ☐ Impaired	Electrocardiogram (in case of cardiomegaly)	☐ Normal ☐ Impaired
Describe the condition of applicant's lung.	No abnormality Date (yyyy/mm/dd): 20XX / 9 / 3				

Past History		
Please check the following box if there is any relevant disease and fill in the date (yyyy/mm/dd) of recovery.		
☐ Tuberculosis (/ /)	☐ Malaria (/ /)	☐ Other Communicable Disease (/ /)
☐ Epilepsy (/ /)	☐ Kidney Disease (/ /)	☐ Heart Disease (/ /)
☐ Diabetes (/ /)	☐ Drug Allergy (/ /)	☐ Psychological Disorder (/ /)
☐ Functional Disorder in Extremities (/ /)		☐ Others (disease:)
Disease treated at present		☐ Yes (disease:) ☑ No
If yes, will you continue taking medication or treatment during your stay in Japan?		☐ Yes ☑ No
If yes, please provide detailed information regarding the medication or treatment you have been taking and please attach the document including medical information.		Type of medication/treatment: ( ) Frequency: ( ) times (per week・per day)
Physician's comment	Healthy-able to study abroad	
In view of his/her medical history and above findings, is it your observation his/her health status is adequate to pursue studies in Japan?		☑ Yes ☐ No

Date (yyyy/mm/dd): 20XX / 9 / 3

Physician's signature: Carlos Gonzales

Physician's name in print: Carlos Gonzales

Name of the office/institution: ABC University Medical Center

Address of the office/institution: 1234 ABC Street, St. Louis, Mo 6313. USA