

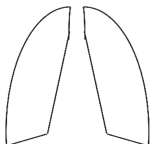
関西大学 健康診断証明書

Kansai University Certificate of Health

To be completed in English by the examining physician.

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

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