

CERTIFICATE OF HEALTH

DATE OF EXAMINATION: _____

Full Name _____	Date of Birth _____
Height _____ cm	Weight _____ kg
Latest Tuberculin reaction _____	Positive Doubtful Negative
Eyesight (Left) _____	(Right) _____
Physical Disability	X-ray
Motor function disorder	Yes No
Visual impairment	Yes No
Hearing impairment	Yes No
Speech impairment	Yes No
Others	Yes No
Medical History	Result
Tuberculosis	Yes No Age _____
Polio	Yes No Age _____
Bronchial asthma	Yes No Age _____
Epilepsy	Yes No Age _____
Cardiac diseases	Yes No Age _____
Neurological diseases	Yes No Age _____
Gastro-intestinal diseases	Yes No Age _____
Rheumatic fever	Yes No Age _____
Others	Yes No Age _____
	Observation

If you have any medications on a regular basis, please write the name of the medicines.

Blood type (ABO) _____ (Rh) _____

HB s Ag Negative Positive **Anti-HBs** Negative Positive

Physician _____

(Signature)

Name and address of hospital/clinic

* All of the above should be accurate and must be written by physicians according to the results of the medical checks. After coming to Japan, physical examination will be carried out again. If the results of the physical examination differ from the above, participants may be asked to return to their home country.