Health Certificate

* To be completed by examining physician *in English*.

Name: _____ Sex: ☐ male ☐ female

Date of birth: _____ Age: _____ years

Past history: _____

Present medical conditions under treatment: _____

Physical examinations

Height: _____ cm Body weight: _____ kg

Blood pressure: _____ / _____ mmHg Pulse rate:_____ bpm

Arrhythmia: _____ Anemia: _____

Heart sound: _____ Lung sound: _____

Other specific findings:

_____

Urinalysis

Protein: _____ Sugar: _____ Occult blood: _____

Chest X-ray

Date x-rayed: _____ (to be x-rayed within 6 months, *otherwise invalid*)

Findings:

_____

Other findings:

_____

General comments:

_____

The statements above are certified by:

(signature, typed name, and affiliation of examining physician)

Date: _____

Kyushu University