Form 4

Mukogawa Women's University Exchange Program Certificate of Health

1. Applicant Information							
Name	Family Name		First Name		Middle Name		
Sex	☐Male ☐Female		Current Country of Residence				
Date of Birth (yyyy/mm/dd)				Age			
Height	cm	Weight	kg	Blood Pressure	／ mm/Hg		
Eyesight	☐Correct ☐Incorrect						
	Left		Right				
Color blindness	☐Normal ☐Impaired		Hearing	☐Normal ☐Impaired			
Urinalysis	☐Normal ☐Impaired						

2. X-ray examination (Must have been taken within the past 6 months)	
 Describe the findings: Date of X-ray(y/m/d):	Please explain the reason if X-ray does not need to take.

3. Present Illness	
Any diseases which may require special attention while the applicant is staying at Mukogawa Women's University.	
☐No ☐Yes	
Disease	
Prescription Drugs	
Detailed Information	
Does the applicant need to continue medical treatment during their stay in Japan?	
☐No ☐Yes	
Please write the applicant's specific condition and symptoms as well as the name of their medication along with dosage to facilitate treatment.	
Has the applicant ever had any serious illness?	
☐No ☐Yes	
Please provide detailed information.	
Your impression of applicant's health	☐Excellent ☐Good ☐Fair ☐Poor
In the view of the applicant's history and above findings, is it your observation that her health status is adequate to pursue studies in Japan?	☐No ☐Yes

Date:_____	Office/Institution:
Signature:_____	Address:
Physician's Name & Title:_____	