

Mukogawa 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:					Please explain the reason if X-ray does not need to take.		
		Date of X-ray(y/m/d):							
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: _____ Signature: _____ Physician's Name & Title: _____					Office/Institution: Address:				