二松学舎大学 交換留学・特別プログラム志願者健康診断書

Physical Examination Certificate, Nishogakusha University

Full name: Nationality:

Date of birth: Sex: Male / Female

1. Height: cm Weight: kg

2. Eyesight（R） (L) With glasses:（R） （L）

Color:

3. Hearing:（R） Normal ／ Abnormal

（L） Normal ／ Abnormal

4. Blood type: , RH - / +

5. X-ray: Direct / Indirect

Please comment on condition of applicant’s lungs, and give date of test.

6. Please describe in detail if you find any disease, including chronic ones, or physical disabilities.

7. Please indicate past illness if applicant has had any.

8. I diagnose that the applicant’s health and physical condition are:

Excellent / Good / Fair / Poor

I hereby certify the above diagnosis.

Name of physician:

Name of institution:

Contact address:

TEL. E-mail

Date of examination:

Physician’s signature:

This form must be completed by a physician.