

Doshisha Women's College of Liberal Arts
Japanese Language Immersion Course 2024
Certificate of Health

Name of applicant			Sex F	Date of birth Year Month Day	Age
Nationality		Present address			
Height _____ cm		<div>Physical examination</div> <div>Findings</div> <div>Previous illness</div> <div>Remarks (if the applicant is currently taking medicine or undergoing medical treatment, please explain)</div>			
Weight _____ kg					
Vision <div>Without glasses Corrected</div> <div>Right _____ (_____)</div> <div>Left _____ (_____)</div>					
Color vision					
Hearing Right _____ Left _____					
Blood pressure _____/____ mmHg					
Chest X-ray (if available) Findings					
Urinalysis Protein Sugar Microscopic					
General state of physical condition Excellent Good Fair Poor					
Date of report Month , Day , Year					
Signature of physician _____ Name (type or print) _____ Name and address of medical facility _____					