

Doshisha Women's College of Liberal Arts  
Japanese Language Immersion Course 2025  
**Certificate of Health**

Name of applicant			Sex	Date of birth	Age
_____, _____, _____ Last First Middle			F	_____ Year Month Day	
Nationality		Present address			
Height _____ cm			Physical examination   Findings		
Weight _____ kg					
Vision Without glasses Corrected  Right _____ ( _____ )  Left _____ ( _____ )					
Color vision			Previous illness     Remarks (if the applicant is currently taking medicine or undergoing medical treatment, please explain)		
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 _____					