KYOTO WOMEN'S UNIVERSITY
CERTIFICATE OF HEALTH

Name of the applicant (in block letters)	(Family name)		(First name)	
Date of birth	(Mon) (date) (year)		Sex	( ) male ( ) female
Nationality				
Present address				
①	The state of the applicant's health and physical condition (to be filled out by a physician)			
Height	cm	Body weight	kg	
Visual acuity				
without glasses	Right Left	with glasses	Right Left	
Hearing	Right Left	Urinalysis	Protein ( ) Glucose ( ) Occult blood ( )	
X-Ray (chest)	Findings ( ) (date)			
② Past history	( ) yes ( ) no	If yes, describe it in detail.		
③ Physical handicap	( ) yes ( ) no	If yes, describe it in detail.		
④ Physical examination	Findings			
⑤ General state of health	( ) Excellent ( ) Good ( ) Fair ( ) Poor			

Date	Signature of physician
Official stamp	
Medical facilities	Name Address