別添２

英文診断書

Certificate of Health

Name in full: 　　 Age:

 (Family name) (First name)

Address:

Ⅰ. History (Injury, illness or operation during the past five years)

Injury or illness:

 Operation:

Ⅱ. Examination:

 Height: cm Weight: kg

Check for normal:

 □Head □Eyes

 □Ears □Nose

 □Pharynx □Neck

 □Heart　　　　　　　　　 　 □Lungs

 □Abdomen □Reflexes

 □Mental Condition

Describe abnormalities:

Ⅲ. Summary:

 In my opinion the applicant's health condition is:

 I believe this applicant (is / is not) physically and mentally able to study abroad.

 Remarks:

Signature:

Address:

Date: