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: