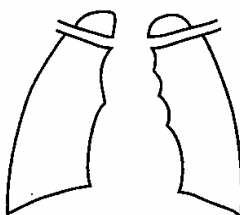


Applicant No.

2011 Academic Year

Health certificate of the applicant for Graduate School of Medicine, Kansai Medical University

Name		Date of birth: (Age: )		M / F	School Graduated		
Address							
Height	cm	Hepatitis B	Date examined year month day				
Weight	kg	antibody( ) Vaccination( Done · Not Yet )					
Chest measurement	cm	antigen( )					
Eyes	Acuity	Right: . (Corrected vision: . )		Q F T  t e s t  R a d i o g r a p h i c  f i n d i n g s	J u d g m e n t	Negative	
		Left: . (Corrected vision: . )				Positive	
Refraction						Probable	
Ears	Hearing	Right Normal/Abnormal ( )				Undefined	
		Left Normal/Abnormal ( )				Date examined year month day	
Ear disease							
Internal Medicine	Auscultation						
	E K G						
	Blood Pressure	/ . /					
Urinalysis	Protein	-	±	+	2+	3+	Date taken year month day ----- Image number ----- 
	Occult Blood	-	±	+	2+	3+	
	Urine Sugar	-	±	+	2+	3+	
Past disease( No · Yes )		* Fill out the date of the X-ray and findings. If there is no image number, write "None".					
		Remarks ( Yes · None )					
Other special remarks							
I hereby certify that the above diagnosis is true and correct.							
Date of examination: year month day		Name and address of				seal	
		Name of doctor:				seal	

## Attention

- 1 Write the name of important past illnesses (if any).  
Fill out the name of the disease that is not described here in the “other special remarks” column.
- 2 Fill out the following findings (if any) in the “other special remarks.”
  - (1) Visceral diseases (heart diseases in particular), mental disorder, or other diseases that require treatment or special attention.
  - (2) Anomaly, deformity, growth retardation, and malnutrition.  
Structural or functional abnormality in the limbs, spine, or rib cage.
  - (3) Severe disordered function or disease in the eyes, ears, nose, or throat.
  - (4) Other important remarks.
- 3 Other examination methods should be subject to the enforcement regulations of the school health law.
- 4 The date of an X-ray examination and the radiographic findings must be described.