

(様式2)

※受験番号

NORTH ASIA UNIVERSITY

健康診断証明書

CERTIFICATE OF HEALTH

Full name: _____ Nationality: _____

Date of birth: _____ Sex: Male / Female

Address: _____

1. Height: _____ cm Weight _____ kg

Eye sight: (R) _____ (L) _____ With glasses: (R) _____ (L) _____

Urinalysis

Protein - + ++ +++

Sugar - + ++ +++

Urobilinogen - + ++ +++

HBs:

Antigen - +

Antibody - +

Blood pressure: _____ mmHg Blood type: _____ RH - / +

2. X-ray: ☐ Direct ☐ Indirect

Please comment on condition of applicant's lungs, and give data of test.

3. Please describe in detail if you have any disease, including ones, or physical handicaps.

Please indicate past illnesses if applicant has had any.

4. I diagnose that the applicant's health and physical conditions are:

☐ Excellent

☐ Good

☐ Fair

☐ Poor

I hereby certify the above diagnosis.

Physician's signature: _____

Name of physician: _____

Name of clinic: _____

Date of examination: _____