

Application No. \_\_\_\_\_

**Certificate of Health for Master's Program of Medical Science  
International Course of "Public Health Sciences for Human Security"**

**Tohoku University Graduate School of Medicine for Academic Year 2013 Second Selection**

Master's Program of Medical Science: International Course of "Public Health Sciences for Human Security" which the applicant applies for		Result	Further Examination <input type="checkbox"/> Not-Required <input type="checkbox"/> Required
★ Name : _____ Family Name / First Name / Middle Name			
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth : _____ / _____ / _____ (Month/Date/Year)			
<b>Items to be examined</b>			
<b>Height</b>	_____ . _____ cm	<b>Weight</b>	_____ . _____ kg
<b>Eyesight</b>	without glasses	(R)	(R)
		(L)	(L)
<b>Findings of chest X-ray Exam</b>		<b>Other Health Conditions</b>	
☆ Date of X-ray Exam _____ / _____ / _____ (Month/Date/Year)		If there are past illnesses, diseases and disabilities that should be taken care after his/her entrance :	
☆ Result <input type="checkbox"/> Normal <input type="checkbox"/> Others		<input type="checkbox"/> Yes <input type="checkbox"/> No	
[Findings: _____ ]		[Details: _____ ]	
<b>Results of Blood Test (If conducted)</b>			
If Blood Tests were conducted : <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the names of the tests and results:			
The medical check-up results of the applicant are as mentioned above.			
Date : _____ / _____ / _____ (Month/Date/Year)			
Address : _____			
Name of Medical Institution : _____			
Name of Doctor : _____ (seal)			
Signature : _____			

**Please Note:** Applicant must fill in the section marked with ★ before a check-up.

**Notice for Applicant**

☆ This medical certificate must be based on check-up results within 6 months of applying.

**Important Notice for Doctors**

☆ In the section of "Other Health Conditions," please check either 'Yes or No'. In the event of 'Yes' being chosen, please state the details.