

# Certificate of Health for Overseas Applicant to UEC

UEC: The University of Electro-Communications, Japan

Form H

**=Note: This document is to complete by a registered physician only.=**

## I. Applicant Information (Please check with passport, Student ID and other certified document.)

Family Name in English: \_\_\_\_\_ Sex : Male / Female

Middle Name (s) in English: \_\_\_\_\_

First Name(s) in English: \_\_\_\_\_ Date of Birth: (D)\_\_\_\_/(M)\_\_\_\_/(Y)\_\_\_\_

Country of Birth : \_\_\_\_\_ Nationality : \_\_\_\_\_

## II. Physical Examinations

Height : \_\_\_\_\_ cm Weight : \_\_\_\_\_ kg Pulse Rate : \_\_\_\_\_ /min. Regular / Irregular  
(circle appropriate)

Blood Pressure : (High) \_\_\_\_\_ / \_\_\_\_\_ mm/Hg

Visual acuity without glasses : (R) \_\_\_\_\_ / (L) \_\_\_\_\_

with glasses : (R) \_\_\_\_\_ / (L) \_\_\_\_\_ (If applicable)

Colour Blindness : Normal / Impaired Note : \_\_\_\_\_  
(circle appropriate)

Hearing : Normal / Impaired Note : \_\_\_\_\_  
(circle appropriate)

Speech : Normal / Impaired Note : \_\_\_\_\_  
(circle appropriate)

Other physical function : Normal / Impaired Note : \_\_\_\_\_  
(circle appropriate)

Chest X-Ray : Normal / Impaired Filmed Date : (D)\_\_\_\_/(M)\_\_\_\_/(Y)\_\_\_\_  
(circle appropriate) (X-Ray must be less than 3 months old from date of entry to this form.)

Please describe the condition of applicant's lung briefly:

---

---

## III. Laboratory tests

Please indicate with + or – in each bracket. If positive, write the detail of test data.

Urinalysis: ( ) Glucose ( ) Protein ( ) Occult blood

Blood Test: WBC count : \_\_\_\_\_ /cm<sup>3</sup> Hemoglobin : \_\_\_\_\_ mg/dl GOT: \_\_\_\_\_

#### IV. Past History

Please indicate with + or – in each bracket. If positive but recovered, write the date of recovery.

+/-		+/-	
( ) Tuberculosis.....	(Date: )	( ) Renal Disease.....	(Date: )
( ) Epilepsy.....	(Date: )	( ) Drug Allergy.....	(Date: )
( ) Diabetes.....	(Date: )	( ) Other communicable disease....	(Date: )
( ) Malaria.....	(Date: )	( ) Psychosis.....	(Date: )
( ) HIV.....	(Date: )	( ) Hepatitis.....	(Date: )
( ) Functional Disorder in extremities.....	(Date: )		

Write the detail if positive,

---

---

#### V. Physical/Medical /Psychiatric Supplemental Note :

(A) Is this applicant on any kind of Medication?  
No / Yes ⇒ Write the Name of Medicine : \_\_\_\_\_ **Dose** \_\_\_\_\_  
⇒ What is this medication for? \_\_\_\_\_  
⇒ \_\_\_\_\_  
⇒ How often the applicant has to take? \_\_\_\_\_

(B) Does this applicant have special diet? No / Yes ⇒ Write the detail :

(C) Supplement Note and Suggestion for applicant's general health :

---

---

#### VI. Summary of Applicant's Health :

(A) Do you think that this applicant health status is adequate to pursue university study in Japan? **Yes / No**

(B) Do you think that this applicant health status is adequate to pursue industrial training study in Japan? **Yes / No**

(C) If **No** for either of questions above, please write the detail : \_\_\_\_\_

#### VII. Declaration of Examining Physician

I declare that information provided by me in this certificate is solemnly true and correct to my best knowledge.

Physician's Full Names in Print Letter : \_\_\_\_\_

Medical Office / Institute : \_\_\_\_\_

Contact Address : \_\_\_\_\_

Contact Phone No. : \_\_\_\_\_

Physician's Signature : \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_