HEALTH CERTIFICATE

Name		Date of Birth: Month /Day /Year	☐Male ☐ Female
Address	Nationality :		

Height		. cm		Blood Chemistry	Laboratory Data	Reference Range
Weight		. kg		WBC		
Eyesight		R (.) L (.) with glasses: R (.) L (.)		RBC		
				Hgb		
Auditory Acuity	R	1000Hz・30dB	normal ・ impaired	Hct		
		4000Hz・25dB	normal ・ impaired	Total Protein		
	L	1000Hz・30dB	normal ・ impaired	AST		
		4000Hz・25dB	normal ・ impaired	ALT		
Blood Pressure		mmHg		γ-GTP		
				LDL-Cholesterol		
Chest X-ray		Date of Exam. / / Film No. Chest X-ray Findings:		Triglyceride		
				HDL-Cholesterol		
				Uric acid		
				Creatinine		
				Urinalysis: Sugar	− ± + 2+	
ECG Readings				Protein	− ± + 2+	
				Occult blood	− ± + 2+	
Comments:						

I hereby certify the above diagnosis.

Date: / /

Name of the Clinic of Medical Office:

Address:

Phone:

Physician's Name: