

SAMPLE

健康診断証明書

氏名	[REDACTED]		
学生証番号	[REDACTED]	性別 女	生年月日 [REDACTED] 生
身長	[REDACTED] cm	視力	右 [REDACTED]
体重	[REDACTED] kg		左 ([REDACTED]) 眼鏡
胸部X線	撮影年月日 [REDACTED]年[REDACTED]月[REDACTED]日 直接 No. [REDACTED] 所見 [REDACTED]		
備考	特記事項なし		
上記の通り健康診断結果を証明します [REDACTED]年[REDACTED]月[REDACTED]日 [REDACTED] 医師 SAMPLE			

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CERTIFICATE OF HEALTH

Student ID	[REDACTED]		
Name	[REDACTED]		
Date of Birth (Y, M, D)	[REDACTED]	Sex	[REDACTED]
Height	[REDACTED] cm	Weight	[REDACTED] kg
Blood Pressure	[REDACTED] mmHg		
Urinalysis	Protein: - Glucose: - Occult Blood: -		
Chest X-Ray	Date of Examination (Y, M, D) 2013/4/16		
	No. [REDACTED]		
	Findings : [REDACTED]		
Particulars or additional comments	[REDACTED]		

The results of a medical examination are proved as above-mentioned.

2013/7/10

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