

# Medical Certificate (診断書)

Date (日付、西暦):            /            /

To whom it may concern

Name (氏名):

Sex (性別):

Date of Birth (生年月日):

Passport number (パスポート番号):

Address (住所):

This is to certify that the above person has NO abnormalities after having a physical examination and laboratory examinations including (上記の者は診察及び検査で異常を認めないことを証明します):

Chest X-ray (胸部レントゲン):

CBC and Blood Chemistry (一般検血、生化学検査):

Urinalysis (検尿):

EKG (心電図):

Diagnosis (診断)

If any medications are prescribed (治療薬)

This is to certify that the following medications have been prescribed for the person listed above

(以下の薬を投薬していることを証明します)

Medicine prescribed for \_\_\_\_\_ ( \_\_\_\_\_ のための薬剤):

The medications are (薬剤):

1)

2)

3)

Remarks (コメント):

Physician's Name (主治医名):

Address (住所):

Physician's Signature (主治医署名): \_\_\_\_\_