


Tokyo Metropolitan University
Graduate School of Law and Politics
Department of Law and Politics

Certificate of Health

Name (Alphabet)		Date of Birth	M • F
Name (in Your Native Language)		/ / (MM/DD/YY)	
Diagnostic Items			
○ Chest X-ray Examination Date of Examination (/ /) (MM/DD/YYYY)			
			
Describe the condition of lungs			
<input type="checkbox"/> Normal <input type="checkbox"/> Impaired ()			
○ Disease currently being treated			
<input type="checkbox"/> No Disease <input type="checkbox"/> Yes ()			
In my opinion, this applicant is able to participate fully in the school program.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of Examination:			
Address of Institution:			
Name of Institution:			
Name and Title of Physician [Block Letter] :			
Signature/Seal of Physician:			

Get a medical examination within 6 months before you plan to start your study.

Examinations taken prior to this term are invalid.

Research Student ID No.

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