

Certificate of Physical Status (How to fill out the form)

The Certificate of Physical Status must be certified by a doctor.

1. Name: Enter the applicant's name.
2. Date of birth: Enter the applicant's date of birth. (The Western Calendar date is acceptable.)
3. Hearing ability: Enter the hearing ability of the applicant's right ear and left ear in the upper row and lower row, respectively.
4. Vision: Enter the vision of the applicant's right eye and left eye in the upper row and lower row, respectively. Enter the vision after correction in the parentheses.
5. Disease / Anomaly: If the applicant has no physical or mental impairments, circle "No." If the applicant has some physical or mental impairments, circle "Yes" and enter the disease details.
6. Overall findings: Write your opinions about the physical or mental health status of the applicant.
7. Enter the date when this certificate was certified. The Western Calendar date is acceptable, if this certificate is certified by an overseas medical institution.
8. Location of the diagnostic institution: Enter the address of the diagnostic institution.
9. Name of the diagnostic institution: Enter the name of the diagnostic institution.
10. Name: Enter the name of the doctor who gave the diagnosis, and affix his/her seal next to the name. If this certificate is certified by an overseas medical institution, his/her signature is acceptable instead of affixing his/her seal.

* This certificate must be printed in A4 size.

身体に関する証明書

①

氏名

②

昭和・平成 年 月 日生

項目	状況
聴力	右 ③ 左
視力	右 (矯正) ④ 左 (矯正)
疾病異常	⑤ 無 ・ 有 ()
総合所見	⑥
上記のとおり診断します。 ⑦ 平成 年 月 日 診断機関の所在地 ⑧ 診断機関の名称 ⑨ 医師 氏名 ⑩ (印)	

注 用紙の大きさは、日本工業規格A列4とする。