



# JAPANESE RED CROSS MEDICAL CENTER

4-1-22, HIROO, SHIBUYA-KU, TOKYO, JAPAN

## CERTIFICATE

Date:

To Whom It May Concern:

Name:

Sex:            Male    Female

Date of Birth:

Address:

I have examined the above named person and found him/her to be in good physical, sound mental condition without any contagious diseases.

### Examination Results: (examined on)

Height:	cm
Weight:	kg
Past History:	None
General Physical:	No abnormalities
Chest X-ray:	All lung fields are clear
Blood Pressure:	mmHg
Blood Type:	Rh(+ -)
E.S.R.:	mm/hr
Serum Syphilis Reaction:	Negative
Urinalysis:	Albumin        (- ± +)
	Sugar            (- ± +)
	Urobilinogen    (±)
HIV Antigen/Antibody:	Negative
Hepatitis B s-Antigen:	Negative
Hepatitis C Antibody:	Negative

Doctor's Signature

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, M.D.

Seal of Director  
JUN NAKAJIMA, M.D, Ph.D.  
Japanese Red Cross Medical Center