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2026 Kanazawa University Graduate School

Certificate of Health

Graduate School: Natural Science and Technology

Major: Division of Electrical, Information and Communication Engineering

Name (first, middle, last) _____

Sex (male ▪ female)

Date of Birth (yy/mm/dd): _____ / _____ / _____

Height: _____ cm Weight: _____ kg

Eye sight: right _____ left _____

Hearing ability: right (normal ▪ abnormal) left (normal ▪ abnormal)

Chest X-ray: Date (yy/mm/dd): _____ / _____ / _____

Findings: _____

Comment: _____

Past history and Present illness:

Total comments and suggestions by physician(s)

I (We) certify that these findings are accurate based on examinations.

Date (yy/mm/dd): _____ / _____ / _____

Hospital or Institution:

Physician (print): _____

(signature)