

## Medical Certificate

Full Name		Year /	Month /	Day		Male/ Female	
	( age)						
Residential Address							
Diagnosis							
First Consultation Date*	Year /	Month /	Day	Last Consultation Date*	Year /	Month /	Day
Time of Onset	Age of onset / occurrence (0 years in case of congenital)						
	Approximate age:			Months:			
Symptoms**	(Specifically include the progress after onset if possible)						
Test Results							
Treatment	(If currently receiving treatment)						
Current Medication							

Progress	(Progress of disability / illness)
Severity	(Degree of trouble in daily life)
Expected progress	
Consideration requested at the time of the examination	(Issues expected during the examination and considerations to be requested ***)

\* Please specify the date of the first and last consultations at the medical institution that prepared this certificate.

\*\* Please attach a copy of the test results, etc. in addition to this medical certificate.

\*\*\* Please refer to the list of considerations taken in the University Admission Common Test (大学入学共通テスト, daigaku nyūgaku kyōtsū tesuto) accordingly. However, there may be some matters that cannot be handled by Kyushu University, so the contents of consideration will be determined independently.

Diagnosis will be made as described above.

Year/      Month/      Date/

Location of Medical Institution

Name of Medical Institution

Phone Number

Name of Doctor \_\_\_\_\_