DATE: / /

HEALTH CERTIFICATE

To Whom It May Concern:

Name:		
Date of Birth:	/ /	**Age:**
Sex:		
Address:	JAPAN	

This is to certify that the above person has NO abnormalities on following physical examination and laboratory examinations including:

Chest X-ray:

EKG:

Blood Chemistry:

Urinalysis:

Physician's Signature: _____