

To Chairman of the Board of Trustees  
Takeda Science Foundation

DATE: \_\_\_\_\_

Statement of the Physician who examined the Applicant:

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physical conditions of the patient are diagnosed as follow:

Name of Patient: \_\_\_\_\_, Sex: Male or Female

Date of Birth: \_\_\_\_\_, Age: \_\_\_\_\_

Medical History:

Family's Health: Father: \_\_\_\_\_, Mother: \_\_\_\_\_, Brother: \_\_\_\_\_  
Sister: \_\_\_\_\_, Wife (Husband): \_\_\_\_\_, Children: \_\_\_\_\_

Height: \_\_\_\_\_ cm., Visual Acuity: Left: \_\_\_\_\_, Right: \_\_\_\_\_

Weight: \_\_\_\_\_ Kg., Hearing Acuity: Left: \_\_\_\_\_, Right: \_\_\_\_\_

Chest Measurement: \_\_\_\_\_ cm., Color Sense: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Blood Test: RBC: \_\_\_\_\_, WBC: \_\_\_\_\_, Hct: \_\_\_\_\_

Systolic \_\_\_\_\_ mmHg. Hb: \_\_\_\_\_, Platelet: \_\_\_\_\_

Diastolic \_\_\_\_\_ mmHg. GOT: \_\_\_\_\_, GPT: \_\_\_\_\_,  $\gamma$ -GPT: \_\_\_\_\_

X-Ray filming of the Chest: Done on (Date): \_\_\_\_\_, Film No.: \_\_\_\_\_

Findings: \_\_\_\_\_

Physical Diagnosis: Done on (Date): \_\_\_\_\_, Temperature: \_\_\_\_\_ C

Physique: \_\_\_\_\_, Nutrition: \_\_\_\_\_

Findings: \_\_\_\_\_

Other Tests: \_\_\_\_\_

Examination of Urine: Albumin: \_\_\_\_\_, Sugar: \_\_\_\_\_, Urobilinogen: \_\_\_\_\_

Evaluation(General): \_\_\_\_\_

\_\_\_\_\_

Evaluation (SARS): \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

\_\_\_\_\_

(For use by the Foundation)

Decision on Acceptability: