

Okochi Naika clinic

6-7, kamikiri, sakuragata, sobue-cho, Inazawa, Aichi, Japan 495-0015

**Certificate of Health Medical Certificate
(REPORT OF HEALTH EVALUATION)**

Date: Feb 26, 2014

Client Name: ○○ ○○

Sex: Male **Date of Birth:** Oct 27, 1963 ○○ years old

Physical examinations (examined on Feb.26,2014) ,

Height ; 170.0cm, Weight ; 70.0kg, Blood pressure
Chest examinations: no problem

Peripheral blood examinations (examined on Feb.26,2014) ,

Peripheral blood examinations

WBC ; 5610/ μ l, plt. ; 17.2×10^4 / μ l, RBC ; 517×10^4 / μ l (Hb ; 14.9g/dl, Ht ; 43.2%)

Serum examinations,

GOT ; 15 IU/ , GPT ; 26 IU/ , γ GTP ; 74 IU/ , Blood glucose ; 100 mg/dl, HbA1c % (NGSP)

Total Cholesterol ; 227 mg/ , Triglyceride ; 160 mg/ ,

Coagulation tests,

PT

Current illness: Nothing

Past history : No problem

Total Clinical Evaluations : No problem

Her general condition is in good health, physically.

I, the undersigned, certify that the above Clinical Evaluations are accurate.

If you need further information about this client, please contact Dr. Masahiro

Okouchi, M.D, PhD via E-mail (okochi@pg8.so-net.ne.jp) or FAX

(+81-587-97-8301). Your inquiry will be transferred to the doctor in charge, and reply will be sent via the same line, A.S.A.P.

Sign: _____

Dr. Masahiro Okouchi, M.D, PhD

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