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## DOCTOR'S STATEMENT

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Pur	pose of the exami	inatio	n								Retiren	nent			Which							
	Post or		School or institute		Life insurance	0		Other pe			pensio	n		Other								
	position	LUED			insurance	3		insuranc	Э		msurar	ice		Other								
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Str	eet address						Pos	t code		City						Occ	upatio	n				
lde	ntity		I d a m kiku		Not		The	patient's	opinion	on hi	s/her pre	esent he	alth			Use	es me	edicat	tion c	often	or reg	jularly
	Personally known		Identity card		Not ascertain	ied		Good			Fair			Bad			Yes				No	
Nat	tional service	Yea	ars of service	Fitn	ess rating																	/
	Done Not done						01	Hospital	care or	exam	inations					02	Oper	ations				
INE	ORMATION ON PRESI	ENT AN	ND PREVIOUS ILLINE	SSES	AND DISORE	ERS		In a hos	nital		In a me			In anoth			Yes		Γ		No	
03		LIVI	ID I NEVIOUS IEENES	04			nia or	other mal		05	Heart			motituti	-	06		ertensio	on or o	other	vascula	r
-00	l			07	tumor							1100000		N-			disea		Г			
	Yes		No		Yes			No	antinal	00	Yes	or diag	200.05	No the urine	NP3.4	10	Yes	cologi	cal dis	2000	No or disc	rder
07	Lung disease			08	disease	icer or	otner	gastroint	esunai	09	system		ase or	the urina	ıı y	10	durin	g preg	nancy	1	or also	1001
	Yes		No		Yes			No			Yes			No			Yes				No	
11	Pregnancy			Esti	imated dat	e of de	livery			12	Diabete	s or othe	r meta	bolic distu	urbance	13	Ecze	ma	_			
	Yes		No								Yes			No			Yes				No	
14		sensi	tivity	15			ack,	the neck o	or	16	Paralys	is, convu	Ision,	unconscio	ousness	17	Eye	diseas	e or in	jury		
	Yes		No		the joints Yes	į		No			or migr	ane		No			Yes				No	
18		deafne		19		Ilness				20		of alcoh	ol or in	ntoxicants	S	21	Diffic	cult acc	cident	or w	ar injur	, other
- 0	1			-	1			No		Ť				No			diffic Yes	ult ch	ronic 「	or re	curring No	illness
E-	Yes	Tyre	No e of illness, startir	na tir	Yes	ent hor	Spital		recurre	nce o	Yes	and other	r resi			22		r findin	nas		.10	
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DO	CTOR'S KNOWLE	DGE	OF THE PATIEN	_									Pat	ient's sigi	nature							
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	I do not know			the					nce			nts										
EX	I do not know the prior health	ULTS	the prior health of the patient	the of the	health he patient		(Da	te)		since	e (Year)											
	I do not know the prior health of the patient	_	the prior health of the patient	the	health he patient		(Da			Sigh	e (Year)	nts It glasse	s Left	eye		Sigh   Righ		glasse		Left 6	ye	
	I do not know the prior health of the patient AMINATION RESI	_	the prior health of the patient	the of the	health he patient		(Da	te)		Sigh	e (Year)		S Left	eye				glasse				
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