

## Medical Certificate Application Form

診断書申込書

Date of Application

受付日

Month

Day

Year

Please fill out the boxed section with bold lines.

ID

Patient Name (患者氏名)

Would you like to receive it by mail? (郵送希望)

Yes (有) (Regular/ Simple Registered Mail)  
普通 簡易書留

No (無)

Date of Birth

生年月日

Month

Day

Year

Sex

性別

Male / Female

男性

女性

Current Address  
(Mailing Address)

現住所

Telephone Number

連絡先

Alternative  
Telephone Number

別の連絡先

Contact Name (連絡先名)

(

)

Applicant Name

申込者氏名

Relationship to the patient (続柄)

(

)

Attending  
Physician

担当医師

Department (診療科) :

Name of physician (医師氏名) :

Type of Documents

申込書類

Number:

部数

(copies)

通

Note

特記

- ① It usually takes us about a week to 10 days to complete your medical certificate. However, in some cases, it may take longer.
- ② If you choose to receive your certificate by regular mail, please note that we shall not be responsible for any loss, damages or troubles.
- ③ If you would like a notification when your certificate is ready, we will contact you by the telephone number above. After you receive the phone call, please bring this copy to the Document reception at the hospital.

Document Pick-up Time:

Aizawa Hospital

Aizawa East Hospital

Mon. - Fri. AM8:45 - PM6:30

Mon. - Fri. AM9:00 - PM5:00

- ④ Please note that your certificate will be discarded after a year from the date of application.
- ⑤ If you have any questions about medical certificates, please feel free to contact us.

Document Pick-up Time: Mon. - Fri. AM9:00 - PM5:00

Aizawa Hospital TEL: 0263-33-8600

・

Aizawa East Hospital

TEL: 0263-33-2500