

Power of Attorney

Date: ____Y ____M ____D

To The University of Tokyo Health Service Center

Proxy

Address :

Name in full :

Date of Birth :

Mobile Phone Number :

I hereby entrust the above-mentioned person with the following procedures and I agree to the relevant fees being requested from and my medical information being disclosed to the proxy.

Content: Please check the desired requirements and fill in the applicable clinical department and date.

☐ Application for medical certificate or certificate from the Clinical Service Section

[Department: _____]

☐ Receipt of a medical certificate or certificate from the Clinical Service Section

[Department: _____ / Date of application: _____]

☐ Receipt of a referral letter and image data from the Clinical Service Section

[Department : _____ / Date of application: _____]

☐ Receipt of industrial accident-related documents from the Clinical Service Section

[Department : _____ / Date of application: _____]

☐ Receipt of health checkup result data from the Healthcare Section

[Date of Health Check-ups: _____]

☐ Receipt of a referral letter and image data from the Healthcare Section

[Date of Health Check-ups: _____]

☐ (Students only) Receipt of a certificate of health check-ups results from the Healthcare Section

[Date of Health Check-ups: _____]

☐ Other: _____

Applicant

Address :

Name in full(Signature) :

Date of Birth :

Mobile Phone Number :

※Notes

This letter is valid for a period of three months from the date of issue.

Please Bring this letter, a copy of the applicant's ID, and the proxy's photo ID.