

Medical Visit Certificate

(This document is used under Tohoku University's "TUMUG Support Program (Research Support Staff)" to verify medical visits when applying on the grounds of fertility treatment.)

To Whom It May Concern

Date:

Medical Institution Name:

Physician's Name:

Physician's Notes

Mr./Ms.○○

is currently receiving outpatient medical care at our medical institution for the purpose of fertility treatment.

【Notes: The following situations may apply】

*Please check all applicable items.

- Period during which fertility treatment is (or is planned to be) conducted :

From (date): _____ To (date): _____

- It may be necessary to reduce working hours or take leave in order to attend medical appointments or receive treatment.
- Physical discomfort may occur as a result of medical visits or treatment.
- Other