

【様式1】

.....

DATE: .....

To whom it may concern,

This is to certify that the attached .....’s X-ray  
examination result on ..... chest undertaken on .....  
has been proven by ....., to be  
free from any signs of a specific pulmonary process.

Sincerely yours,

SIGNATURE: .....

DOCTOR : .....

PLACE:

.....