WRITTEN OATH

Director of Dokkyo Medical University Hospital

1. I will comply with the rules and regulations established by your hospital.

2. I will not disclose or leak any personal information of patients and hospital personnel, as well as any technical or business information about your hospital (hereinafter referred to as "confidential information") that I came to know during the on-site visit or even after my observership, I will not intentionally or negligently disclose or leak your information to any third party, nor will I use it without your hospital's permission.

3. I acknowledge that I will bear legal responsibility for disclosing, leaking, or using confidential information in violation of the preceding articles, and if this causes damage to your hospital. I will compensate you for this.

I pledge to faithfully comply with the above matters.

Date:

Address:

Signature:

Print Name: