

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

Please fill out (PRINT/TYPE) in Japanese or English. Do not leave any items blank.

氏名 Name : \_\_\_\_\_  
 Family name, First name Middle name

男 Male 生年月日 Date of Birth : \_\_\_\_\_ 年齢 Age : \_\_\_\_\_  
女 Female  
その他 Non-binary

1. 身体検査 Physical Examinations

(1) 身長 Height \_\_\_\_\_ cm 体重 Weight \_\_\_\_\_ kg

(2) 血圧 Blood pressure \_\_\_\_\_ mm/Hg~ \_\_\_\_\_ mm/Hg 血液型 Blood Type 

|       |      |
|-------|------|
| A B O | RH + |
|       | -    |

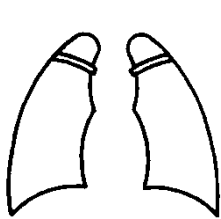
脈拍数 Pulse Rate \_\_\_\_\_/min 整 regular 不整 irregular

(3) 視力 Eyesight : (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 裸眼 without glasses 矯正 with glasses or contact lenses

(4) 聴力 Hearing : 正常 normal 低下 impaired 言語 speech : 正常 normal 異常 impaired

(5) 色覚異常の有無 Color blindness : 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること (6ヶ月以上前の検査は無効)。  
 Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired Date \_\_\_\_\_  
 Film No. \_\_\_\_\_

心臓 Cardiomegaly: 正常 normal 異常 impaired

胸部聴診(呼吸音) Chest auscultation (breath sound) 正常 normal 異常 impaired  
 Examinations of the neck (inspection, palpation) 正常 normal 異常 impaired

心電図 Electrocardiograph 正常 normal 異常 impaired

Describe the condition of applicant's lung. \_\_\_\_\_

3. 現在治療中の病気 Disease & Treatment at Present Yes (Disease: \_\_\_\_\_ Medicine: \_\_\_\_\_) No

4. 既往症 Past history : Please indicate with + or - and fill in the date of recovery.  
 Tuberculosis..... ( . . ) Malaria..... ( . . ) Measles..... ( . . )  
 Epilepsy..... ( . . ) Kidney disease..... ( . . ) Heart diseases..... ( . . )  
 Diabetes..... ( . . ) Drug allergy..... ( . . ) Psychosis..... ( . . )  
 Functional disorder in extremities..... ( . . ) Others..... ( . . )  
 Rheumatic fever..... ( . . ) Hepatitis..... (Type: A, B, C, D, E) ( . . )  
 Immunodeficiency (HIV, Chronic Kidney Failure, a Malignant Tumor)  ( . . )  
 Immunosuppressant (Adrenocorticosteroid, Anticancer, Anti rheumatic drug)..... ( . . )

5. ワクチン接種歴 Vaccination history  
 MMRV (Measles, Mumps, Rubella, Zoster)..... Time(s) ( ) Mumps..... Time(s) ( ) Hepatitis B..... Time(s) ( )  
 MMR (Measles, Mumps, Rubella)..... Time(s) ( ) Chicken pox..... Time(s) ( ) Meningitis..... Time(s) ( )  
 MR (Measles, Rubella)..... Time(s) ( ) Polio..... Time(s) ( )  
 M (Measles)..... Time(s) ( ) Diphtheria Pertussis Tetanus combined..... Time(s) ( )

6. 検査 Laboratory tests  
 検尿 Urinalysis: glucose ( ), protein ( ), occult blood ( ) ・ 検便 Feces: Parasite(egg of parasite)(+, -)  
 赤沈 ESR : \_\_\_\_\_ mm/Hr, WBC count : \_\_\_\_\_ x10<sup>3</sup>/μl, Hemoglobin: \_\_\_\_\_ g/dl, ALT: \_\_\_\_\_ u/l  
 貧血検査 Anemia Test: ESR : \_\_\_\_\_ mm/Hr, WBC count : \_\_\_\_\_ /cmm, Hemoglobin: \_\_\_\_\_ gm/dl, Anemia: \_\_\_\_\_,  
 肝機能検査 LFT : GPT/ALT : \_\_\_\_\_ (IU/L), GOT/AST : \_\_\_\_\_ (IU/L), γ-GTP : \_\_\_\_\_ (IU/L),

7. 診断医の印象を述べて下さい。 Please describe your impression.  
 継続的治療・投薬の必要性があればその旨ご記入ください。 Please fill in if applicant needs regular medication or treatment.

8. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？  
 In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan?  
 yes  no

日付  
Date:

署名  
Signature:

医 師 氏 名  
Physician's Name in Print:

検査施設名  
Office/Institution:

所在地  
Address: