

## 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.

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

男 Male      生年月日 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
女 Female      Month Day Year      年齢 Age: \_\_\_\_\_

1. 身体検査  
Physical Examinations

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

(2) 血圧 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg      血液型 Blood Type A B O RH +-      脈拍 整 regular  
 Blood pressure      Pulse 不整 Irregular

(3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_      色覚異常の有無 正常 normal  
 裸眼 without glasses      矯正 with glasses or contact lenses      color blindness 異常 impaired

(4) 聴力 正常 normal      言語 正常 normal  
 Hearing: 低下 impaired      Speech: 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 正常 normal      心臓 正常 normal  
 Lung: 異常 impaired      Heart: 異常 impaired

← Date \_\_\_\_\_  
 Film No. \_\_\_\_\_

異常がある場合  
 ↓  
 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 Yes (Disease: \_\_\_\_\_)  
 Disease Treated at Present No

4. 既往症  
 Past history: Please indicate with + or - and fill in the date of recovery

Tuberculosis..... ( . . )      Malaria..... ( . . )      Other communicable disease..... ( . . )  
 Epilepsy..... ( . . )      Kidney Disease..... ( . . )      Heart Disease..... ( . . )  
 Diabetes..... ( . . )      Drug Allergy..... ( . . )      Functional Disorder in extremities..... ( . . )  
 Psychosis..... ( . . )

5. 検査 Laboratory tests  
 検尿 Urinalysis: glucose ( ), protein ( ), occult blood ( )

赤沈 ESR: \_\_\_\_\_ mm/Hr, WBC count: \_\_\_\_\_ /cmm      貧血   
 Anemia  
 Hemoglobin: \_\_\_\_\_ gm/dl, GPT: \_\_\_\_\_

6. 診断医の印象を述べてください。  
 Please describe your impression.

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康状態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 \_\_\_\_\_      署名 \_\_\_\_\_  
 Date: \_\_\_\_\_      Signature: \_\_\_\_\_

医師氏名  
 Physician's Name in Print: \_\_\_\_\_

検査施設名  
 Office/Institution: \_\_\_\_\_  
 所在地  
 Address: \_\_\_\_\_