

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 _____, _____, _____ 男 Male 生年月日 _____ 年齢 _____
Name : _____, _____, _____ 女 Female Date of Birth : _____ Age : _____
Family name, First name Middle name

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 pressure Blood Type

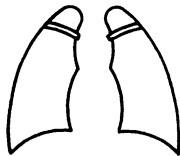
ABO	RH	+
		-

脈拍数 _____ /min 整 regular
Pulse Rate 不整 irregular

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

(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
lung: 正常 normal 異常 impaired
Date _____
Film No. _____

Describe the condition of applicant's lung.

心臓
Cardiomegaly: 正常 normal 異常 impaired
↓
異常がある場合 心電図
If impaired: Electrocardiograph
正常 normal 異常 impaired

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 Diseases..... (. .) Diabetes..... (. .)
Drug Allergy..... (. .) Psychosis..... (. .) Functional Disorder in extremities..... (. .)

5. 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 : _____ x10³/μ l, RBC : _____ x10⁶/μ l, Hemoglobin: _____ g/dl,
AST (GOT): _____ u/l, ALT (GPT): _____ u/l,

6. 診断医の印象を述べて下さい。
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 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: _____