

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
☐女 Female Date of Birth: _____

1. 身体検査 Physical Examination

- (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 ☐不整 Irregular
Pulse
- (3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
裸眼 Without glasses 矯正 With glasses or contact lenses 色覚異常の有無 ☐正常 Normal ☐異常 Impaired
Color blindness
- (4) 聴力 ☐正常 Normal ☐低下 Impaired 言語 ☐正常 Normal ☐異常 Impaired
Hearing Speech

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 the applicant's chest X-rays (X-rays taken more than six months prior to the certification are NOT valid).



肺 ☐正常 Normal ☐異常 Impaired
Lungs:

心臓 ☐正常 Normal ☐異常 Impaired
Cardiomegaly:

← Date _____
Film No. _____

Describe the condition of applicant's lungs.

異常がある場合
心電図

Electrocardiograph: ☐正常 Normal ☐異常 Impaired

3. 現在治療中の病気 ☐Yes (Disease) ☐No Disease currently being treated

4. 既往症 Past history : Please indicate with + or - and fill in the date of recovery (If the applicant has not contracted any of the disease, please check "None".)(いずれも該当しない場合は、なしにチェックすること。)

Tuberculosis.....☐ (. .) Malaria.....☐ (. .) Other communicable disease.....☐ (. .)
Epilepsy.....☐ (. .) Kidney disease.....☐ (. .) Heart disease.....☐ (. .)
Diabetes.....☐ (. .) Drug allergy.....☐ (. .) Psychosis.....☐ (. .)
Functional disorder in extremities.....☐ (. .)

None.....☐

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下さい。（問題がない場合も、その旨ご記入ください。） Please give your impression of the applicant's health. (If you do not have a particular opinion, please write as such.)

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 it your observation that 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: _____