

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: _____ ☐ 男 Male 生年月日 Date of Birth: _____ 年齢 Age: _____
☐ 女 Female

1. 身体検査 Physical Examinations

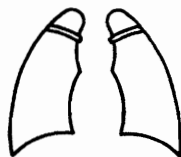
- (1) 身長 Height _____ cm 体重 Weight _____ kg
- (2) 血圧 Blood pressure _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

A	B	O
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RH	+	-
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 脈拍 Pulse ☐ 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 ☐ 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

心臓 Cardiomegaly: ☐ 正常 normal ☐ 異常 impaired

← Date _____
 Film No. _____

Describe the condition of applicant's lung.

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 Disease Treated at Present ☐ Yes (Disease: _____) ☐ 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 ()

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。 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 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: _____