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
☐女 Female

生年月日
Date of Birth: ____________________

1．身体検査
Physical Examination

(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
Pulse
☐整 Regular
☐不整 Irregular

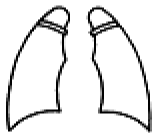
(3) 視 力
Eyesight: (R) (L) (R) (L)
裸眼 Without glasses 矯正 With glasses or contact lenses

色覚異常の有無
Color blindness
☐正常 Normal
☐異常 Impaired

(4) 聴 力
Hearing:
☐正常 Normal
☐低下 Impaired

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



肺
Lungs:
☐正常 Normal
☐異常 Impaired

← Date ____________________
Film No. ____________________

Describe the condition of applicant's lungs.

心臓
Cardiomegaly:
☐正常 Normal
☐異常 Impaired
↓ ↘
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 currently being treated
☐Yes (Disease ________________________)
☐No

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 chech "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充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
Date: ____________________

署名
Signature: ____

医 師 氏 名
Physician's Name in Print : ____

検査施設名
Office/Institution:
所在地
Address: ____