

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: \_\_\_\_\_  
Family name, First name Middle name  女 Female

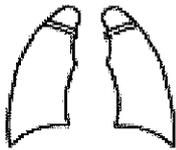
1. 身体検査  
Physical Examinations

- (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	RH <sup>+</sup> <sub>-</sub>
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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 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 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. \_\_\_\_\_

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 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   
Hemoglobin: \_\_\_\_\_ gm/dl, GPT: \_\_\_\_\_ anemia

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: \_\_\_\_\_