

健康診断書

CERTIFICATE OF HEALTH (to be completed by a physician)

日本語又は英語により記載すること。

Please fill out (PRINT TYPE) in Japanese or English.

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 _____ 体重 _____
 Height _____ cm Weight _____ kg
- (2) 血圧 _____ 脈拍数 _____ 分 ☐整 regular
 Blood pressure _____ mm/Hg ~ _____ mm/Hg Pulse rate _____ /min ☐不整 irregular
- (3) 視力 _____ 色覚異常の有無 ☐正常 normal
 Eyesight : (R) _____ (L) _____ (R) _____ (L) _____
 裸眼 without glasses 矯正 with glasses or lenses color blindness ☐異常 impaired
- (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 taken more than 6 months prior to the application is NOT valid).

lung: ☐正常 normal Date _____ Cardiomegaly: ☐正常 normal
☐異常 impaired Film No. _____
☐異常 impaired

Describe the condition of applicant's lung:

3. 既往症

Past history : Please indicate with + or - and fill in the date of recovery

Tuberculosis.....☐ (. . .) Malaria.....☐ (. . .) Other communicable disease.....☐ (. . .)
 Epilepsy.....☐ (. . .) Renal Disease.....☐ (. . .) Cardiac Diseases.....☐ (. . .)
 Diabetes.....☐ (. . .) Drug Allergy.....☐ (. . .) Psychosis.....☐ (. . .)
 Functional Disorder in extremities.....☐ (. . .)

4. 検査 Laboratory tests

食後尿 Urinalysis : glucose (), protein (), occult blood ()

赤沈 ESR : _____ mm/Hr, WBC count : _____ /cmm

Hemoglobin : _____ gm/dl, GPT : _____

5. 診断医の印象を述べて下さい。

Please describe your impression.

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 _____ 署名 _____
 Date : _____ Signature : _____

医師氏名 _____
 Physician's Name in Print : _____

検査施設名 _____
 Office/Institution : _____

所在地 _____
 Address : _____