

## 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 Date of Birth: \_\_\_\_\_  
女 Female

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	R H	+
		-

 脈拍 Pulse 整 Regular  
不整 Irregular

(3) 視力 Eyesight: (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

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 lungs.

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 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 Date: \_\_\_\_\_ 署名 Signature: \_\_\_\_\_

医師氏名 Physician's Name in Print: \_\_\_\_\_

検査施設名 Office/Institution: \_\_\_\_\_  
 所在地 Address: \_\_\_\_\_