

# 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 \_\_\_\_\_ 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

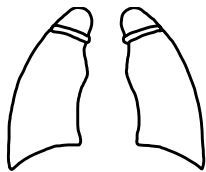
(1) 身長 \_\_\_\_\_ cm 体重 \_\_\_\_\_ kg  
Height Weight

(2) 血圧 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg 血液型 \_\_\_\_\_ 脈拍 整 regular  
Blood pressure Blood Type A B O RH + 不整 irregular  
- Pulse

(3) 視力: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_ 色覚異常の有無 正常 normal  
裸眼without glasses 矯正with glasses or contact 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 (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 正常 normal  
lung: 異常 impaired

心臓 正常 normal  
Cardiomegaly: 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 Yes (Disease: \_\_\_\_\_) Disease Treated at Present 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ください。 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 \_\_\_\_\_ 署名 \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

医師氏名  
Physicians Name in Print: \_\_\_\_\_

検査施設名  
Office/Institution: \_\_\_\_\_

所在地  
Address: \_\_\_\_\_