

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 脈拍 Pulse: □整 Regular □不整 Irregular
血液型 Blood Type: □A □B □O □AB Rh: □+ □-
(3) 視力 Eyesight: 裸眼 Without glasses (R) _____ (L) _____ 矯正 With glasses or contact lenses (R) _____ (L) _____
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 examination of the applicant.
(X-rays taken more than six months prior to the certification are NOT valid.)



肺 Lungs: □正常 Normal □異常 Impaired

心臓肥大 Cardiomegaly: □正常 Normal □異常 Impaired

← Date: _____

異常がある場合 If impaired

Film No. _____

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: □No □Yes (Disease _____)

4. 既往症 Past history (いずれも該当しない場合は、"なし"にチェックすること。)
Please indicate applicant's past history with No or Yes and fill in the date of recovery.
(If the applicant has not contracted any of the disease, please check "None".)

Tuberculosis □No □Yes(. .), Malaria □No □Yes(. .), Other communicable disease □No □Yes(. .)

Epilepsy □No □Yes(. .), Kidney disease □No □Yes(. .), Heart disease □No □Yes(. .)

Diabetes □No □Yes(. .), Drug allergy □No □Yes(. .), Psychosis □No □Yes(. .)

Functional disorder in extremities □No □Yes (. .)

□なしNone

5. 検査 Laboratory tests

検尿 Urinalysis: 尿糖 glucose (), 尿蛋白 protein (), 尿潜血 occult blood ()

赤沈 ESR: _____ mm/hr, 白血球数 WBC count: _____ / μL, Hemoglobin: _____ g/dL, 貧血 Anemia: □No □Yes

GPT (ALT): _____ IU/L

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: _____