

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
性別 Sex: Male Female
生年月日 Date of Birth:
年齢 Age:

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 RH + -
脈拍 Pulse regular irregular

(3) 視力 Eyesight: (R) (L) (R) (L)
色覚異常の有無 Color blindness normal impaired

(4) 聴力 Hearing: normal impaired 言語 Speech: normal 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。6 months prior to this certification are NOT valid.)



肺 Lungs: normal impaired

心臓 Cardiomegaly: normal impaired

Date Film No.

異常がある場合 心電図

Electrocardiograph: normal impaired

Describe the condition of applicant's lungs.

3. 現在治療中の病気 Under medical treatment at present Yes 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 disease.....
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: g/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えますか?
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 (Print):

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