

## 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: \_\_\_\_\_ 年齢 Age: \_\_\_\_\_  
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	RH	+
				-

 脈拍 Pulse 整 regular 不整 irregular

(3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (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 6 months prior to this certification are NOT valid).

肺 Lungs: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

← Date \_\_\_\_\_

Film No. \_\_\_\_\_

Describe the condition of applicant's lungs.

異常がある場合  
心電図

Electrocardiograph : 正常 normal 異常 impaired

3. 現在治療中の病気 Under medical treatment at present Yes (Conditions/particulars: \_\_\_\_\_) 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 (Print): \_\_\_\_\_

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