

# 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: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 □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) \_\_\_\_\_  
 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.

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: \_\_\_\_\_