# 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 □女 Female 生年月日 Date of Birth:_____
Family name, First name Middle name

1．身体検査
Physical Examination

(1) 身 長 体 重
Height_____ cm Weight_____ kg

(2) 血 圧 血液型
Blood pressure_____mm/Hg～_____ mm/Hg Blood Type A B O RH ＋ －

脈拍 □整 Regular
Pulse □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 □正常 Normal
Color blindness □異常 Impaired

(4) 聴 力 □正常 Normal □低下 Impaired
Hearing:

言 語 □正常 Normal □異常 Impaired
Speech:

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 six months prior
to the certification are NOT valid).

肺 □正常 Normal □異常 Impaired
Lungs:

心臓 □正常 Normal □異常 Impaired
Cardiomegaly:

← 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 lungs.

3．現在治療中の病気 □Yes (Disease_____ )
Disease currently being treated □No

4．既往症
Past history : Please indicate with ＋ or － and fill in the date of recovery
(If the applicant has not contracted any of the disease, please check “None”.)(いずれも該当しない場合は、なしにチェックすること。)

Tuberculosis.....□( . . ) Malaria.....□( . . ) Other communicable disease.....□( . . )
Epilepsy.....□( . . ) Kidney disease.....□( . . ) Heart disease.....□( . . )
Diabetes.....□( . . ) Drug allergy.....□( . . ) Psychosis.....□( . . )
Functional disorder in extremities.....□( . . )

None.....□

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充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:_____