健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

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| 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 |  |  | 男 | 女 |  | 生年月日 |  | 年齢 |  |
| Name |  |  |  |  |  |  | Male | Female |  | Date of birth |  | Age |  |
|  | Family name |  | First name |  | Middle name |  |  |  |  |  |  |  |  |

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| １．身体検査 [Physical Examination] |
| (1) | 身　長: |  |  | 体　重: |  |  |  |  |
|  | Height: |  | cm | Weight: |  | kg |  |  |
|  |  |  |  |  |  |  |  |  |
| (2) | 血　圧: |  |  |  | 血液型: | A B O |  | RH | ＋ |  | 脈拍: | 整 | 不整 |
|  | Blood pressure: |  |  | Blood type: | − | Pulse: | regular | irregular |
|  |  | mm/Hg – mm/Hg |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (3) | 視　力: | 右 |  | 左 |  |  | 右 |  | 左 |  | 色覚異常の有無: | 正常 | 異常 |
|  | Eyesight: | (R) |  | (L) |  |  | (R) |  | (L) |  | Color blindness: | normal | impaired |
|  |  | 裸眼 Without glassess |  | 矯正 With glasses/contact lenses |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (4) | 聴　力: | 正常 | 低下 |  | 言語: | 正常 | 異常 |  |  |  |
|  | Hearing: | normal | impaired |  | Speech: | normal | impaired |  |  |  |

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| 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: | 正常 | 異常 |  | 心臓: | 正常 | 異常 |  |
| Lungs: | normal | impaired |  | Cardiomegaly: | normal | impaired |  |
| 異常がある場合 (If impaired) |  | 異常がある場合 (If impaired) |
| ← | Date： |  |  | 心電図: | 正常 | 異常 |
|  | Film No. |  |  | 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 (Conditions/particulars) |  |
|  | □No |  |

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| ４．既往症 [Past history : Please indicate with ＋ or － in ( ) and fill in the date of recovery in ( . . )] |
| Tuberculosis | ( ) | ( . . ) | Malaria | ( ) | ( . . ) | Other communicable disease | ( ) | ( . . ) |
| Epileps | ( ) | ( . . ) | Kidney disease | ( ) | ( . . ) | Heart disease | ( ) | ( . . ) |
| Diabetes | ( ) | ( . . ) | Drug allergy | ( ) | ( . . ) | Psychosis | ( ) | ( . . ) |
| Functional disorder in extremities | ( ) | ( . . ) |  | ( ) | ( . . ) |

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| 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 |  |  | GTP: |  |  |  |  |

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| ６．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？ Yes又はNoにチェックをしてください。[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 | □ |  |

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| ７．特記すべき事項 [Particulars or additional comments]: |
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| --- | --- | --- | --- | --- |
| 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] |  |