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] |  |