

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

## 1. 身体検査 [Physical Examination]

- (1) 身長: \_\_\_\_\_ cm 体重: \_\_\_\_\_ kg  
 Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg
- (2) 血圧: \_\_\_\_\_ 血液型: 







 脈拍: 整 不整  
 Blood pressure: \_\_\_\_\_ mm/Hg - mm/Hg Blood type: \_\_\_\_\_ Pulse: regular irregular
- (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 glasses                      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

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  
 Lungs: normal impaired  
 異常がある場合 (If impaired)

← Date: \_\_\_\_\_  
 Film No. \_\_\_\_\_  
 Describe the condition of applicant's lungs.

心臓: 正常 異常  
 Cardiomegaly: normal impaired  
 異常がある場合 (If impaired)  
 心電図: 正常 異常  
 Electrocardiograph: normal 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 - 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 ( ) ( . . )		

## 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:

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十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 ☐

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

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] \_\_\_\_\_