

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 Male 生年月日 \_\_\_\_\_ 年齢 \_\_\_\_\_  
Name : \_\_\_\_\_ 女 Female Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_  
Family name First name Middle name

1. 身体検査  
Physical Examinations

(1) 身長 \_\_\_\_\_ 体重 \_\_\_\_\_  
Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

(2) 血圧 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg 血液型 

ABO	RH+
	—

 脈拍 整 regular  
Blood pressure \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg Blood Type Pulse 不正 irregular

(3) 視力 Eyesight : (R) \_\_\_\_\_ (L) \_\_\_\_\_ 色覚異常の有無 正常 normal  
裸眼 without glasses color blindness 異常 impaired

(4) 聴力 正常 normal 言語 正常 normal  
Hearing : 低下 impaired speech : 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 applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 正常 normal 心臓 正常 normal  
lung : 異常 impaired Cardiomegaly : 異常 impaired

↓  
異常がある場合 心電図 正常 normal  
Electrocardiograph : 異常 impaired

Describe the condition of applicant's lung.

3. 現在治療中の病気 Yes (Disease : \_\_\_\_\_)  
Disease Treated at Present 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 Diseases.....  ( . . )  
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, GPT :

6. 診断医の印象を述べて下さい。  
Please describe your impression.

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十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 his/her health status is adequate to pursue studies in Japan?  
yes  no

日付 \_\_\_\_\_ 署名 \_\_\_\_\_  
Date : \_\_\_\_\_ Signature : \_\_\_\_\_

医師氏名  
Physician's Name in Print : \_\_\_\_\_

検査施設名  
Office/Institution : \_\_\_\_\_

所在地

Address : \_\_\_\_\_