

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

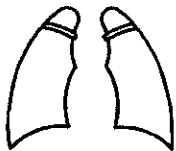
1. 身体検査
 Physical Examinations

- (1) 身長 _____ cm 体重 _____ kg
 Height Weight
- (2) 血圧 _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

A B O	RH	+	-
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 脈拍 整 regular 不整 irregular
 Blood pressure
- (3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
 裸眼 without glasses 矯正 with glasses or contact lenses
- (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 異常 impaired
 lung:

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 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: _____