

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 Name: Family name, First name Middle name
性別 Male/Female
生年月日 Date of Birth:
年齢 Age:

1. 身体検査 Physical Examination

- (1) 身長 Height cm, 体重 Weight kg
(2) 血圧 Blood pressure mm/Hg, 血液型 Blood type (ABO, RH), 脈拍 Pulse (regular/irregular)
(3) 視力 Eyesight: (R) (L) 裸眼 Without glasses, (R) (L) 矯正 With glasses or contact lenses, 色覚異常の有無 Color blindness (normal/impaired)
(4) 聴力 Hearing: (normal/impaired), 言語 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 patient's chest x-rays (X-rays taken more than 6 months prior to this certification are NOT valid).



肺 Lungs: (normal/impaired)

心臓 Cardiomegaly: (normal/impaired)

Date Film No.

異常がある場合 心電図 Electrocardiograph: (normal/impaired)

Describe the condition of patient's lungs.

3. 現在治療中の病気 Under medical treatment at present (Yes/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 disease, Diabetes, Drug allergy, Psychosis, Functional disorder in extremities

5. 検査 Laboratory tests
検尿 Urinalysis: glucose, protein, occult blood

赤沈 ESR, WBC count, 貧血 anemia, Hemoglobin, GPT

6. 申請者の既往歴、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えますか? Yes又はNoにチェックをしてください。

In view of the patient'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: