

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

### 1. 身体検査 Physical Examinations

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

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

A	B	O

 RH + - 脈拍 Pulse 整 regular 不整 irregular

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

(4) 聴力 Hearing: 正常 normal 低下 impaired 言語 speech: 正常 normal 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 lung: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

← Date \_\_\_\_\_  
Film No. \_\_\_\_\_

Describe the condition of applicant's lung.

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

3. 現在治療中の病気 Disease Treated at Present  Yes (Disease: \_\_\_\_\_)  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 Date: \_\_\_\_\_ 署名 Signature: \_\_\_\_\_

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

検査施設名 Office/Institution: \_\_\_\_\_  
所在地 Address: \_\_\_\_\_