

**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 

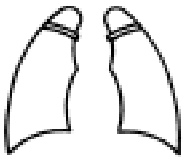
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      RH 

+
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      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
- (4) 聴力 Hearing: 正常 normal \_\_\_\_\_      異常 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. \_\_\_\_\_

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 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せんか?  
 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: \_\_\_\_\_