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. Do not leave any items blank.

氏名
Name：＿＿＿＿＿＿＿＿ ＿＿＿＿＿＿＿＿
Family name, First name Middle name

☐男 Male
☐女 Female

生年月日
Date of Birth：

年齢
Age：

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

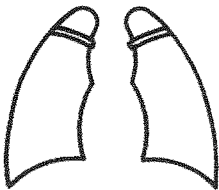
ABO	RH +
	−

脈拍数
Pulse Rate ＿＿＿/min
☐整 regular
☐不整 irregular

(3) 視 力
Eyesight：(R)＿＿＿＿ (L)＿＿＿＿
裸眼 without glasses
(R)＿＿＿＿ (L)＿＿＿＿
矯正 with glasses or contact lenses

(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

Date＿＿＿＿＿＿

Film No.＿＿＿＿＿＿

Describe the condition of applicant's lung.

＿＿＿＿＿＿＿＿＿＿＿＿

心臓
Cardiomegaly：☐正常 normal
☐異常 impaired

心電図
Electrocardiograph
☐正常 normal ☐異常 impaired

3．現在治療中の病気
Disease & Treatment at Present
☐Yes (Disease:＿＿＿＿＿＿ Medicine:＿＿＿＿＿＿)
☐No

4．既往症 Past history : Please indicate with ＋ or − and fill in the date of recovery.

Tuberculosis……☐(. .)
Epilepsy……☐(. .)
Diabetes……☐(. .)
Functional disorder in extremities……☐(. .)
Rheumatic fever……☐(. .)
Malaria……☐(. .)
Kidney disease……☐(. .)
Drug allergy……☐(. .)
Hepatitis (Type: A, B, C, D, E) (. .)
Measles……☐(. .)
Heart diseases……☐(. .)
Psychosis……☐(. .)
Others……☐(. .)

5．ワクチン接種歴 Vaccination history

MMRV (Measles, Mumps. Rubella, Zoster)……☐ Time(s) ( )
MMR (Measles, Mumps. Rubella)……☐ Time(s) ( )
MR (Measles, Rubella)……☐ Time(s) ( )
M (Measles)……☐ Time(s) ( )
Mumps……☐ Time(s) ( )
Chicken pox……☐ Time(s) ( )
Polio……☐ Time(s) ( )
Diphtheria Pertussis Tetanus combined……☐ Time(s) ( )
Hepatitis B……☐ Time(s) ( )
Meningitis……☐ Time(s) ( )

6．検 査 Laboratory tests
検 尿 Urinalysis:glucose( ), protein ( ), occult blood ( )・検 便 Feces: Parasite(egg of parasite)(+,−)
赤沈 ESR：＿＿mm/Hr, WBC count：＿＿$x10^3/\mu l$, Hemoglobin:＿＿g/dl, ALT:＿＿u/l
Pregnancy test ( ) if you are female

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

8．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充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:＿＿＿＿＿＿＿＿＿＿＿＿