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

□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

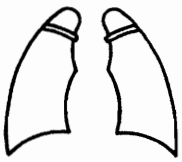
(2) 血 圧 Blood pressure _____ mm/Hg ～ _____ mm/Hg　血液型 Blood Type | A B O | RH ＋ －

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

(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. _____

心臓 Cardiomegaly : □正常 normal □異常 impaired
↓
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: _____