

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

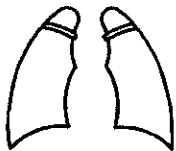
1. 身体検査  
 Physical Examinations

- (1) 身長 \_\_\_\_\_ cm 体重 \_\_\_\_\_ kg  
 Height Weight
- (2) 血圧 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg 血液型 Blood Type 

A B O	RH	+	-
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 脈拍 整 regular 不整 irregular  
 Blood pressure Pulse
- (3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 裸眼 without glasses 矯正 with glasses or contact lenses
- (4) 聴力 正常 normal 言語 正常 normal  
 Hearing: 低下 impaired speech: 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 正常 normal 異常 impaired  
 lung:

心臓 正常 normal 異常 impaired  
 Cardiomegaly:

← 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  Yes (Disease: \_\_\_\_\_ )  
 Disease Treated at Present  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 \_\_\_\_\_ 署名 \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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