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

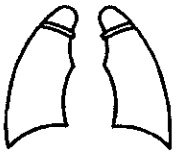
(1) 身　長 Height_____ cm　体　重 Weight_____ kg

(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)_____ 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
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:_____