

# 健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

神戸松蔭女子学院大学大学院  
外国人留学生 志願者用

日本語または英語により明確に記載してください。Please fill out (PRINT/TYPE) in Japanese or English.

氏名 \_\_\_\_\_ □男 Male 生年月日 \_\_\_\_\_  
Name: \_\_\_\_\_ □女 Female Date of Birth \_\_\_\_\_  
姓 Family name 名 First name Middle initial 年 year 月 month 日 day

## 1. 身体検査 Physical Examination

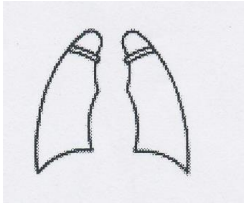
(1) 身長 \_\_\_\_\_ cm 体重 \_\_\_\_\_ kg  
Height Weight

(2) 血圧 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg 血液型 \_\_\_\_\_  
Blood Pressure Blood Type  
A B O RH +  
脈拍 □整 Regular  
Pulse □不整 Irregular

(3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_  
裸眼 Without glasses 矯正 With glasses or contact lenses 色素異常の有無 □正常 Normal  
□異常 Impaired

(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 the applicant's chest X-rays (X-rays taken more than six months prior to the certification are NOT valid).



肺 □正常 Normal  
Lungs: □異常 Impaired

心臓 □正常 Normal  
Cardiomegaly: □異常 Impaired

←Date \_\_\_\_\_  
Film No. \_\_\_\_\_

Describe the condition of applicant's lungs.

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 □Yes (Disease \_\_\_\_\_)  
Disease currently being treated □No

## 4. 既往症

Past history: Please indicate with + or - and fill in the date of recovery

(If the applicant has not contracted any of the disease, please check "None".) (いずれも該当しない場合は、なしにチェックすること。)

Tuberculosis \_\_□ ( . . . ) Malaria \_\_□ ( . . . ) Other communicable disease \_\_□ ( . . . )  
Epilepsy \_\_□ ( . . . ) Kidney-Diseases \_\_□ ( . . . ) Heart disease \_\_□ ( . . . )  
Diabetes \_\_□ ( . . . ) Drug allergy \_\_□ ( . . . ) Psychosis \_\_□ ( . . . )  
Functional disorder in extremities \_\_□ ( . . . )

None \_\_□

## 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, GTP: \_\_\_\_\_

## 6. 診断医の印象を述べて下さい。(問題がない場合も、その旨ご記入ください。)

Please give your impression of the applicant's health. (If you do not have a particular opinion, please write as such.)

## 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 that 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: \_\_\_\_\_