

健康診断書

受験番号
本学で記入

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: _____, _____ 女 生年月日: _____
Name Family name First name Middle name Female Date of Birth

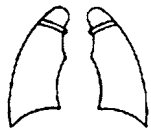
1. 身体検査
Physical Examination

- (1) 身長: _____ cm 体重: _____ kg
Height Weight
- (2) 血圧: _____ mm/Hg ~ _____ mm/Hg 血液型:

A	B	O	RH	+
				-

 脈拍: 整 Regular
Blood pressure Blood Type Pulse 不整 Irregular
- (3) 視力: (R) _____ (L) _____ (R) _____ (L) _____ 色覚異常の有無: 正常 Normal
Eyesight 裸眼 Without glasses 矯正 With glasses or contact lenses Color blindness 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 disease..... (. .) 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
Hemoglobin: _____ gm/dl, GPT: _____ anemia

6. 診断医の印象を述べてください。(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 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