

# 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

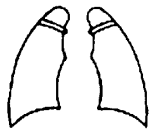
1. 身体検査  
Physical Examination

- (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