

健康診断書

MEDICAL EXAMINATION CERTIFICATE (to be completed by the examining physician)

日本語または英語により明確に記載すること。

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

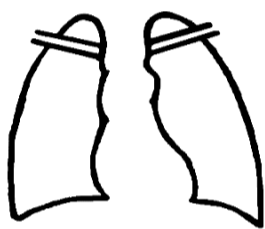
1. 身体検査

Physical Examination

- (1) 身長 _____ cm 体重 _____ kg
 Height: _____ cm Weight: _____ kg
- (2) 血圧 _____ mm/Hg~ _____ mm/Hg
 Blood pressure _____ mm/Hg~ _____ mm/Hg
- (3) 視力 (R) _____ (L) _____ (R) _____ (L) _____
 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 in NOT valid).



肺 正常 normal 心臓 正常 normal
 Lungs: 異常 impaired Heart: 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
 (if impaired): 異常 impaired

3. 現在治療中の病気 Yes (Disease: _____)
 Disease Treated at Present No

4. 既往症

History of illness: Please indicate with + or - in the , and fill in date recovery if +.

- Tuberculosis (. . .) Epilepsy (. . .) Kidney Disease (. . .)
 Heart Diseases (. . .) Diabetes (. . .) Drug Allergy (. . .)
 Other communicable disease (. . .) Functional Disorder in extremities (. . .)

5. 検査 Laboratory tests

検尿 Urinalysis: glucose (), protein (), occult blood () Blood analysis: 貧血 anemia

6. 診断医の印象を述べてください。

Please describe your impression of the applicant.

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康状況は十分に留学に耐えうるものと思われますか？

Considering the applicant's medical history and the above findings, do you think that his/her health current health condition is good enough 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 _____