

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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 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 Height _____ cm		体重 Weight _____ kg	
(2) 血圧 Blood pressure	mm/Hg ~ mm/Hg	血液型 Blood Type	A B O RH + -
(3) 視力 Eyesight	(R) _____ (L) _____ 裸眼 without glasses	色覚異常の有無 color blindness	<input type="checkbox"/> 正常 normal <input type="checkbox"/> 異常 impaired
(4) 聴力 Hearing	<input type="checkbox"/> 正常 normal <input type="checkbox"/> 低下 impaired	言語 speech	<input type="checkbox"/> 正常 normal <input type="checkbox"/> 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 正常 normal  
lung: 異常 impaired

心臓 正常 normal  
Cardiomegaly: 異常 impaired

↓  
異常がある場合 心電図 正常 normal  
Electrocardiograph: 異常 impaired

Describe the condition of applicant's lung

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

4. 既往症

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

Tuberculosis <input type="checkbox"/> ( . . )	Malaria <input type="checkbox"/> ( . . )	Other communicable disease <input type="checkbox"/> ( . . )
Epilepsy <input type="checkbox"/> ( . . )	Kidney Disease <input type="checkbox"/> ( . . )	Heart Disease <input type="checkbox"/> ( . . )
Diabetes <input type="checkbox"/> ( . . )	Drug Allergy <input type="checkbox"/> ( . . )	Psychosis <input type="checkbox"/> ( . . )
Functional Disorder in extremities <input type="checkbox"/> ( . . )		

5. 検査 Laboratory tests

検尿 Urinalysis : glucose ( \_\_\_\_\_ ), protein ( \_\_\_\_\_ ), occult blood ( \_\_\_\_\_ ) 赤沈 ESR: \_\_\_\_\_ mm/Hr,  
WBC count: \_\_\_\_\_ /cmm 貧血(anemia)  Hemoglobin : \_\_\_\_\_ mg/dl , GPT :

6. 診察医の印象を述べてください。  
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十分に留学に耐えうるものと思えますか？

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): \_\_\_\_\_