

## 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 \_\_\_\_\_  
 Name: \_\_\_\_\_ ☐ 女 Female Date of Birth: \_\_\_\_\_  
           Familyname,      Firstname      Middlename

1. 身体検査  
Physical Examination

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

(2)血 压                      血液型  
Bloodpressure                  mm/Hg~                  mm/Hg        BloodType

---

ABO	RH
-----	----

脈拍 ☐ 整Regular  
☐ 不整Irregular

(3)視力  
Eyesight:(R) (L) (R) (L)  
裸眼Withoutglasses 矯正Withglassesorcontactlenses

色覚異常の有無 ☐ 正常Normal  
Colorblindness☐ 異常Impaired

(4) 聽 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

心臟 ☐ 正常 Normal  
Cardiomegaly: ☐ 異常 Impaired

←Date異常がある場合

FilmNo.心電図Electrocardiograph: ☐ 正常Normal  
☐ 異常Impaired

Describe the condition of applicant's lungs.

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.....☐(..)Kidneydisease.....☐(..)Heartdisease.....☐(..)

Diabetes.....☐(..)Drugallergy.....☐(..)Psychosis.....☐(..)

Functional disorder in extremities.....☐(..)None.....☐

## 5. 検査 Laboratory tests

尿 尿 Urinalysis:glucose(),protein(),occultblood()

赤沈ESR: \_\_\_\_\_ mm/Hr, WBCcount: \_\_\_\_\_ /cmm 貧血 ☐  
anemia

Hemoglobin: gm/dl, GPT:

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: \_\_\_\_\_

醫師氏名 Physician's Name in Print: \_\_\_\_\_

Office/Institution: 検査施設名

Address: 所在地