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. Do not leave any items blank.

氏名
Name：_____ _____
Family name, First name Middle name

□男 Male
□女 Female

生年月日
Date of Birth：

年齢
Age：

1．身体検査 Physical Examinations

(1) 身 長 Height_____cm　体 重 Weight_____kg

(2) 血 圧 Blood pressure_____mm/Hg～_____mm/Hg　血液型 Blood Type

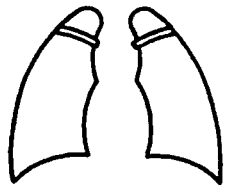
ABO	RH + −

脈拍数 Pulse Rate _____/min　□整 regular □不整 irregular

(3) 視 力 Eyesight：(R)_____(L)_____　(R)_____(L)_____
裸眼 without glasses　矯正 with glasses or contact lenses

(4) 聴 力 Hearing：□正常 normal □低下 impaired　言 語 speech：□正常 normal □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
lung: □正常 normal □異常 impaired

Date_____

Film No._____

Describe the condition of applicant's lung.

_____

心臓
Cardiomegaly: □正常 normal □異常 impaired

心電図
Electrocardiograph
□正常 normal □異常 impaired

3．現在治療中の病気 Disease & Treatment at Present
□Yes (Disease:_____ Medicine:_____)
□No

4．既往症 Past history : Please indicate with + or − and fill in the date of recovery.

Tuberculosis……□(. .)
Epilepsy……□(. .)
Diabetes……□(. .)
Functional disorder in extremities……□(. .)
Rheumatic fever……□(. .)
Malaria……□(. .)
Kidney disease……□(. .)
Drug allergy……□(. .)
Hepatitis……□(Type: A, B, C, D, E) (. .)
Measles……□(. .)
Heart diseases……□(. .)
Psychosis……□(. .)
Others……□(. .)

5．ワクチン接種歴 Vaccination history

MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( )
MMR (Measles, Mumps. Rubella)……□ Time(s) ( )
MR (Measles, Rubella)……□ Time(s) ( )
M (Measles)……□ Time(s) ( )
Mumps……□ Time(s) ( )
Chicken pox……□ Time(s) ( )
Polio……□ Time(s) ( )
Diphtheria Pertussis Tetanus combined……□ Time(s) ( )
Hepatitis B……□ Time(s) ( )
Meningitis……□ Time(s) ( )

6．検 査 Laboratory tests
検 尿 Urinalysis:glucose( ), protein ( ), occult blood ( )・検 便 Feces: Parasite(egg of parasite)(+,−)
赤沈 ESR：_____mm/Hr, WBC count：_____x$10^3/\mu$l, Hemoglobin:_____g/dl, ALT:_____u/l
Pregnancy test ( ) if you are female

7．診断医の印象を述べて下さい。 Please describe your impression.

8．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充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 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:_____