

# 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  
Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Family name, First name Middle name

☐男 Male 生年月日  
☐女 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 Blood Ty 

A B O	RH	+
		-

 脈拍 ☐整 Regular  
Pulse ☐不整 Irregular
- (3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_  
裸眼 Without glasses 矯正 With glasses or contact lenses 色覚異常の有無 ☐正常 Normal  
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 ☐  
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えますか？  
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:

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

検査施設名  
Office/Institution:  
所在地

Address: \_\_\_\_\_