

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 Date of Birth: \_\_\_\_\_      年齢 Age: \_\_\_\_\_  
☐女 Female

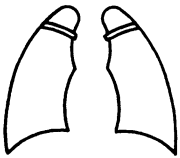
1. 身体検査  
Physical Examinations

- (1) 身長 Height \_\_\_\_\_ cm      体重 Weight \_\_\_\_\_ kg
- (2) 血圧 Blood pressure \_\_\_\_\_ mmHg ~ \_\_\_\_\_ mmHg      血液型 Blood Type 

A	B	O	+
			RH
			-

      脈拍 Pulse ☐整 regular  
☐不整 irregular
- (3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_  
裸眼 without glasses      矯正 with glasses or contact lenses
- (4) 聴力 Hearing: ☐正常 normal      言語 speech: ☐正常 normal  
☐低下 impaired      ☐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

↓ 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 Treated at Present ☐No

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

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

5. 検査 Laboratory tests  
検尿 Urinalysis: glucose ( ), protein ( ), occult blood ( )
- 赤沈 ESR: \_\_\_\_\_ mm/Hr, WBC count: \_\_\_\_\_ /mm<sup>3</sup>      貧血 ☐  
anemia
- Hemoglobin: \_\_\_\_\_ mg/dl, GPT: \_\_\_\_\_

6. 診断医の印象を述べて下さい。  
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: \_\_\_\_\_