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.

Name: _____ , _____ ☐ 男 Male　生年月日　年齢

Family Name　First Name　Middle Name　☐ 女 Female　Birth of Date: _____ Age: ____

1.身体検査

Physical Examinations

(1)身長　体重

Height _____ cm　Weight _____ kg

(2)血圧　脈拍　☐ 整 Regular

Blood pressure _____ mm/Hg~_____mm/Hg　Pulse ☐ 不整 Irregular

(3)視力　(R) _____ (L) _____裸眼 without glasses　色覚異常の有無　☐ 正常 Normal

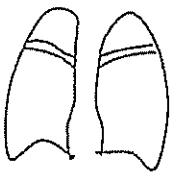
Eyesight (R)_____(L) _____ 矯正 with glasses　Color blindness　☐ 異常 Impaired

裸眼 without glasses

(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（3ヵ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 3 months prior to the certification is NOT valid).



肺　☐ 正常 Normal　心臓　☐ 正常 Normal

lung: ☐ 異常 Impaired　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 ☐ (　/　/　) Malaria ☐ (　/　/　) Other communicable disease ☐ (　/　/　)

Epilepsy ☐ (　/　/　) Kidney Disease ☐ (　/　/　) Heart Diseases ☐ (　/　/　)

Diabetes ☐ (　/　/　) Drug Allergy ☐ (　/　/　) Psychosis ☐ (　/　/　)

Functional Disorder in extremities ☐ (　/　/　)

5. 検尿 Urinalysis: glucose (　), protein (　), occult blood (　)

6. 診断の印象を述べてください。Please describe your impression.

7. 志願者の既往症、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得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　署　名

Date:_____ Signature: _____

医師氏名

Physician's name in print: _____

検査施設名／所在地

Office/Institution/ Address: _____