

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語また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: _____, _____ Gender _____ 生年月日 Date of birth ____/____/____ age ____
 Family name First name Middle name (D/M/Y)

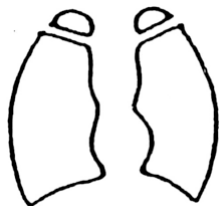
1 身体検査 Physical Examinations

身長 Height _____ cm 体重 Weight _____ Kg 血圧 BP _____ / _____ mmHg 脈拍 Pulse ____/min 整 regular 不整 irregular 血液型 A B O RH + -
 Eyesight Rt. ____/Lt. ____ Rt. ____/Lt. ____ 聴覚 正常 normal 異常 impaired 言語 正常 normal 異常 impaired
 裸眼 (without glasses) 矯正 (with glasses)

2 胸部聴診およびX線写真(6か月以内) Chest physical and X-ray examination (within 6 months*)

Date ____/____/____ (D/M/Y)

*If applicant have already checked chest Xp for VISA at institution authorized by Japanese government, attach copy of certification instead additional test.



Film No. _____

肺 Lung 正常 normal 異常 impaired → Describe the condition _____

心臓 Heart 正常 normal 異常 impaired → Describe the condition and check ECG
 ECG 正常 normal 異常 impaired

3 現在治療中の病気 Diseases currently being treated 無 None 有 YesIf yes, please describe detail:

 _____4 既往症 Past History なし None あり Yes. If yes, please check and describe detail.

Tuberculosis Malaria Other communicable disease Kidney disease Epilepsy
 Heart disease Diabetes Drug Allergy Psychiatric disease
 Functional disorder in extremities Others (Disease _____)

Detail:

5 検査 Laboratory tests

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

血沈 ESR _____ mm/hr 白血球 WBC _____ / μ L 血色素数 Hemoglobin _____ g/dl肝機能 ALT _____ IU/L AST _____ IU/L γ -GT _____ IU/L

6 3種混合予防接種 MMR immunization (Strongly recommend to get MMR immunization before coming to Japan)

MMR immunization First dose: ____/____/____ (D/M/Y), Second dose: ____/____/____ (D/M/Y)

Date of disease (if applicable) Date of Serologic positive (if applicable)

Measles ____/____/____ (D/M/Y) ____/____/____ (D/M/Y)

Mumps ____/____/____ (D/M/Y) ____/____/____ (D/M/Y)

Rubella ____/____/____ (D/M/Y) ____/____/____ (D/M/Y)

7 診断医の意見 Physician's impression of the applicant's health (継続的治療・投薬の必要性があれば、御記入ください)

Please fill in if the applicant needs regular medication or treatment.)

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十分に日本への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 applicant's health status is adequate to pursue study/research in Japan? Yes, No

日付 Date ____/____/____ (D/M/Y)

署名 Signature: _____

医師氏名 Physician's name: _____

検査施設名 Office/ Institution: _____

所在地 Address: _____