

健康診断証明書

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 _____ cm 体重 _____ kg
Height Weight
(2) 血圧 _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

ABO	RH +
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 脈拍 Pulse ☐整 regular
☐不整 irregular
(3) 視力 Eyesight : (R) _____ (L) _____ 色覚異常の有無 color blindness ☐正常 normal
☐異常 impaired
裸眼 without glasses
(4) 聴力 Hearing : ☐正常 normal ☐異常 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下さい。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
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

Describe the condition of applicant's lung:

3. 現在治療中の病気 Disease treated at Present ☐ Yes (Disease: _____)
☐ 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 _____ /cmm, 貧血 ☐
Anemia
Hemoglobin : _____ gm/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 that his/her health status is adequate to pursue intended study 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 : _____