

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 \_\_\_\_\_ mm/Hg ~ \_\_\_\_\_ mm/Hg      血液型 Blood Type 

A	B	O
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      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      色覚異常の有無 color blindness 正常 normal 異常 impaired
- (4) 聴力 Hearing: 正常 normal 低下 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. \_\_\_\_\_

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 your observation of his/her health status 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: \_\_\_\_\_