



健康診断書

HEALTH CERTIFICATE

(For school application purposes only)

氏名
Name: _____
住所
Address: _____

生年月日
Date of Birth: _____
年齢
Age: _____ 男 Male
 女 Female

1. 身体検査

Physical Examination

(1) 身長 _____ 体重 _____ 血液型 _____
Height: _____ cm Weight: _____ cm Blood Type:

A	B	O	RH+	RH-
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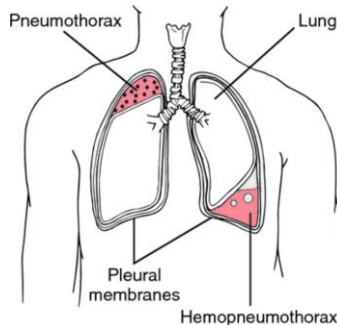
(2) 血圧 _____ 脈拍 _____
Blood Pressure: _____ mm/Hg ~ _____ mg/Hg Pulse: 整 Regular
 不整 Irregular

(3) 視力
Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
裸眼 w/o glasses 矯正 w/ glasses

(4) 聴力 正常 Normal 言語 正常 Normal
Hearing: 低下 Impaired Speech: 低下 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 the applicant's chest x-ray (X-ray taken more than 6 months prior is not valid)



肺 正常 Normal 心臓 正常 Normal
lungs: 低下 Impaired Cardiomegaly: 低下 Impaired

Date: _____
Film No.: _____

異常がある場合
If there is abnormality,
心電図 正常 Normal
Electrocardiograph: 低下 Impaired

3. 現在治療中の病気 有 Yes (病気 Disease: _____)
Disease being treated at the present 無 No



4. 既往症

Medical History: Please check the box and indicate date of recovery (if any)

- Tuberculosis
- Epilepsy
- Diabetes
- Kidney Disease
- Malaria
- Asthma
- Skin Disease
- Drug Allergy
- Other Allergies: _____
- Migraine
- Vertigo Disease
- Depression
- Anxiety Disorder
- Psychosis/ Other Psychological Problem
- Other Communicable Disease
- Functional Disorder in Extremities
- Others, Please specify: _____

5. 検査 Laboratory Test

検尿 Urinalysis:

Glucose: _____

Protein: _____

Occult Blood: _____

関珍 ESR: _____ mm/Hr

WBC count: _____ /cmm

Hemoglobin: _____ gm/dl

GPT: _____

貧血 Anemia

6. 診断医の印象を述べてください。

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？

Based on the applicant's history and the above findings, is the applicant fit to pursue studies and work abroad? 有 Yes 無 No

日付

Date: _____

署名

Signature: _____

医師氏名

Physician's Name in Print: _____

検査施設名所在地

Office/Institution Address: _____

(Applicant's Use: WAVER)

I hereby acknowledge that all the findings shown above are true and complete and that during the interrogation of the Physician, I answered every important details that were asked in all honesty. I promise that any disease or illness which I got before coming to Japan that is not written in this form won't be used as an excuse to be absent in school or work.

日付

Date: _____

署名 Signature: _____

氏名 Applicant's Name: _____