

Form B

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 Examination

- (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	RH	+
				-

 脈拍 Pulse 整 regular 不整 irregular
- (3) 視力 Eyesight: (R) \_\_\_\_\_ (L) \_\_\_\_\_ (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 the applicant's chest x-rays. (X-rays taken more than 6 months prior to this certification are NOT valid).



肺 Lungs: 正常 normal 異常 impaired  
 ← Date \_\_\_\_\_  
 Film No. \_\_\_\_\_

心臓 Cardiomegaly: 正常 normal 異常 impaired

心電図 Electrocardiograph: 正常 normal 異常 impaired  
 ↓ 異常がある場合

Describe the condition of applicant's lungs.

3. 現在治療中の病気 Under medical treatment at present Yes (Conditions/particulars: \_\_\_\_\_) 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 disease..... ( . . . )  
 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. 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えますか？ Yes又はNoにチェックをしてください。  
In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?

Yes  No

7. 特記すべき事項 Particulars or additional comments:

日付 Date: \_\_\_\_\_ 署名 Signature: \_\_\_\_\_

医師氏名 Physician's Name (Print): \_\_\_\_\_

検査施設名 Office/Institution: \_\_\_\_\_  
 所在地 Address: \_\_\_\_\_