

健康診断書(医学部・医学部附属病院)  
 CERTIFICATE OF HEALTH for applicants to School of Medicine and University Hospital  
 (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 + -  
 視力 Rt. \_\_\_\_/Lt. \_\_\_\_ Rt. \_\_\_\_/Lt. \_\_\_\_ 聴覚  正常 normal  異常 impaired 言語  正常 normal  異常 impaired  
 Eyesight 裸眼 (without glasses) 矯正 (with glasses)

2 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:

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3 現在治療中の病気 Diseases currently being treated  無 None  有 Yes

If yes, please describe detail:

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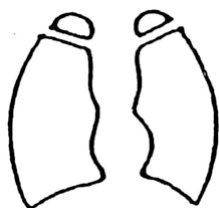
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4 胸部聴診およびX線写真(6か月以内) Chest physical and X-ray examination (**within 6 months\***)

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



Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

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

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5 検査 Laboratory tests

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

血沈 ESR \_\_\_\_\_ mm/hr 白血球 WBC \_\_\_\_\_ / $\mu$ L 血色素数 Hemoglobin \_\_\_\_\_ g/dl

肝機能 ALT \_\_\_\_\_ IU/L AST \_\_\_\_\_ IU/L  $\gamma$ -GT \_\_\_\_\_ IU/L

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6 予防接種 immunization history

**(Applicants must receive the vaccinations of Measles, Mumps, Rubella, Varicella, and Hepatitis B, OR reveal positive serological results)**

a. Measles, Mumps, Rubella (MMR)

First dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y), Second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

Date of Serologic positive (if applicable)

Measles \_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y) Rubella \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

b. Varicella

First dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y), Second dose: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

Date of Serologic positive (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y)

c. Hepatitis B (HBs antibody at least 1 month after completion of 3 consecutive doses of vaccination)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y), Titer and Result : \_\_\_\_\_ (Negative · Positive )

d. Tuberculosis (Baseline 1-step TB skin test (TST) within the last 6 months)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (D/M/Y), Induration and Result : \_\_\_\_ x \_\_\_\_ mm ( Negative · Positive )

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: \_\_\_\_\_