健康診断書 Certificate of Health Examination

（医師が記入のこと）(to be completed by a medical care provider in English)

Name:_____ Date of Birth: _____

Last Name First Name Middle Name ❑Male ❑Female

Height		cm	Weight		kg
Blood Pressure	／	mm／Hg	Pulse	❑Regular	❑Irregular
Eyesight	Without glasses (R)	(L)	Hearing	❑Normal	❑Impaired
	With glasses (R)	(L)	Speech	❑Normal	❑Impaired

Chest X-ray examination (X-rays taken more than six months prior to the certification are NOT valid)

Lungs: ❑Normal ❑Impaired Cardiomegaly: ❑Normal ❑Impaired

Date of examination:

Describe the condition of applicant's lungs:

Does he/she have any allergies? (medication, foods, environmental) ❑YES →Please explain below ❑NO

Allergen/Reaction

Is he/she currently under medical treatment? ❑YES →Please explain below ❑NO

Is he/she currently taking any medications? ❑YES →Please explain below ❑NO

Medication/Reason

Has he/she ever been hospitalized (injury or illness) or had any operations? ❑YES ❑NO

What illnesses has he/she had in the past and been required to have follow-up care? (Please check the cured box if cured)

	Cured		Cured		Cured		Cured
❑Stomach and intestinal disorder	☐	❑Asthma	☐	❑Syphilis	☐	❑Liver disease	☐
❑Communicable disease	☐	❑AIDS/HIV	☐	❑Epilepsy	☐	❑Heart disease	☐
❑Tuberculosis	☐	❑Diabetes	☐	❑Malaria	☐	❑Kidney disease	☐
❑Mental disorder	☐	❑None	☐				

Please give your impression of the applicant's health.(If you do not have a particular opinion, please write as such)

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

Medical care Provider Name:_____ Date of examination: _____

Institution:

Address

Signature:

_____ _____