

健康診断書

CERTIFICATE OF HEALTH

氏名	生年月日 Date of Birth		
	年	月	日 生まれ
Name (ローマ字)			
現住所 Present Address			
身長 Height	cm	血圧 Blood Pressure	
体重 Weight	kg	mmHg	
尿検査 Urinalysis	蛋白 Protein	糖 Glucose	
	- ± 1+ 2+ 3+	- ± 1+ 2+ 3+	
胸部X線検査 Chest X-ray Examination	間接撮影 (35. 60. 70. 100) Indirect	直接撮影 Direct	
所見 Findings	正常 Normal	異常 Abnormal	A chest examination is compulsory. If the student is unable to undergo an X-ray examination, another Pulmonary Tuberculosis test must be performed by a doctor, and the official results should be submitted as an attachment to this form.
撮影年月日 Date of Examination	_____		
備考 Remarks [既往症、身体の障害の状況(あれば)] [Describe any Previous Illness, Physical Disability]			
総括的健康状態 General Physical Condition	良 Good	可 Fair	不可 Poor
診断日 Date of the above diagnosis	医師署名 Signature of Physician		

医療機関名および所在地 Name and address of medical facility	医師名 Name (Type of Print)		