## 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 □男 Male 生年月日 年齢 Date of Birth: Name: □女 Female Age: First name, Middle name Family name, 身体検査 **Physical Examinations** 身 長 体重 (1) \_cm Weight \_\_\_\_\_ kg Height \_ (2)血圧 血液型 脈拍 □整 regular Blood pressure mm/Hg~ mm/Hg Blood Type Pulse □不整 irregular (3)(R) 色覚異常の有無 □正常 normal Evesight: (R) 裸眼 without glasses 矯正 with glasses or contact lenses color blindness □異常 impaired (4) 聴力 □正常 normal □正常 normal 言 語 Hearing: □低下 impaired speech : □異常 impaired 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 applicant's chest x-ray (X-ray taken longer than 6 months prior to the certification is NOT valid). □正常 normal 心臓 □正常 normal □異常 impaired lung: heart: □異常 impaired 異常がある場合 Date\_ Film No. 心電図 Electrocardiogram :□正常 normal Describe the findings of the chest X-ray. □異常 impaired 3. 現在治療中の病気 ☐ Yes (Disease: □ No **Disease Treated at Present** 4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery …□ ( . ) Other communicable disease…□ ( Malaria Kidney Disease  $\cdots\Box$  ( ) Heart Diseases ···□ ( Epilepsy ···□ ( …□ ( . ...□ ( 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: (normal range: -

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