

Syria 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 _____
Name: _____ 女 Female Date of Birth: _____
Family name First name Middle name

1. 身体検査

Physical Examination:

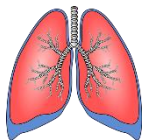
- 1) 身長 _____ cm 体重 _____ kg
Height Weight
- 2) 血圧 _____ mm/Hg 血液型

A	B	O
RH	+	-

 脈拍 整 Regular 不整 Irregular
Blood pressure mm/Hg Blood Type Pulse
- 3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____ 色覚異常の有無 正常 Normal 異常 Impaired
裸眼 Without glasses 矯正 With glasses or contact lenses Color blindness
- 4) 聴力 正常 Normal 低下 Impaired 言語 正常 Normal 異常 Impaired
Hearing: Speech:

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 six months prior to the certification are NOT valid).



肺 正常 Normal 異常 Impaired
Lungs:

心臓 正常 Normal 異常 Impaired
Cardiomegaly:

← Date _____

↓
異常がある場合

Film No. _____

心電図 Electrocardiograph: 正常 Normal 異常 Impaired

Describe the condition of applicant's lungs.

3. 現在治療中の病気 Yes (Disease _____) No
Disease currently being treated

4. 既往症

Past history: Please indicate with + or - and fill in the date of recovery

(If the applicant has not contracted any of the disease, please check "None".) (いずれも該当しない場合は、なしにチェックすること。)

- | | | | | | |
|--|---------|--|---------|--|---------|
| Tuberculosis..... <input type="checkbox"/> | (. .) | Malaria..... <input type="checkbox"/> | (. .) | Other communicable disease..... <input type="checkbox"/> | (. .) |
| Epilepsy..... <input type="checkbox"/> | (. .) | Kidney disease..... <input type="checkbox"/> | (. .) | Heart disease..... <input type="checkbox"/> | (. .) |
| Diabetes..... <input type="checkbox"/> | (. .) | Drug allergy..... <input type="checkbox"/> | (. .) | Psychosis..... <input type="checkbox"/> | (. .) |
| Functional disorder in extremities..... <input type="checkbox"/> | (. .) | None..... <input type="checkbox"/> | | | |

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. 診断医の印象を述べて下さい。(問題がない場合も、その旨ご記入ください。)

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

7. 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われますか？

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

日付
Date: _____

署名
Signature: _____

医師氏名
Physician's Name in Print: _____

検査施設名
Office/Institution: _____

所在地
Address: _____