Master's Course of Graduate School of Engineering, Gifu University, Japan
Global Environment and Energy Course (GU-GLEE) Spring 2016

Form 3

CERTIFICATE OF HEALTH
健康診断書

＊This form must be completed by the examining physician.

Please fill out (PRINT/TYPE) in Japanese or English.
日本語又は英語により明瞭に記載すること。

Name: 氏名 _____, _____ ☐ Male 男 ☐ Female 女 Date of Birth: 生年月日 _____
Family name, First name Middle name

1．Physical Examination
身体検査

(1) Height 身 長 _____cm Weight 体 重 _____kg

(2) Blood pressure 血 圧 _____mm/Hg～_____mm/Hg Blood Type 血液型 | A B O | RH ＋ － | Pulse 脈 拍 ☐ Regular 整 ☐ Irregular 不整

(3) Eyesight: 視 力 (R)_____ (L)_____ Without glasses 裸眼 (R)_____ (L)_____ With glasses or contact lenses 矯正 Color blindness 色覚異常の有無 ☐ Normal 正常 ☐ Impaired 異常

(4) Hearing: 聴 力 ☐ Normal 正常 ☐ Impaired 低下 Speech: 言 語 ☐ Normal 正常 ☐ Impaired 異常

2．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).
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）。

Lungs: 肺 ☐Normal 正常 ☐Impaired 異常 ← Date _____ Film No. _____

Cardiomegaly: 心臓 ☐ Normal 正常 ☐ Impaired 異常 → Electrocardiograph 心電図: ☐ Normal 正常 ☐ Impaired 異常

Describe the condition of applicant's lungs.

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

4．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".)
既往症（いずれも該当しない場合は、なしにチェックすること。）

Tuberculosis... ☐(. .)
Epilepsy..... ☐(. .)
Diabetes..... ☐(. .)
Malaria.....☐(. .)
Kidney disease...☐(. .)
Drug allergy.....☐(. .)
Other communicable disease... ☐(. .)
Heart disease..... ☐(. .)
Psychosis..... ☐(. .)
Functional disorder in extremities..... ☐(. .)

None.....☐

5．Laboratory tests 検 査

Urinalysis 検 尿： glucose ( ), protein ( ), occult blood ( )

ESR 赤 沈: _____ mm/Hr, WBC count: _____/cmm anemia 貧血 ☐

Hemoglobin: _____ gm/dl, GPT: _____

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

7．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?
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充分に留学に耐えうるものと思われますか？

Yes ☐ No ☐

Date: 日付 _____ Signature: 署名 _____

Physician's Name in Print: 医 師 氏 名 _____

Office/Institution: 検査施設名

Address: 所在地 _____