

# MEDICAL CERTIFICATE

## 健康診断書

The health condition of the trainee who is scheduled to undergo training in Japan is confirmed by this medical certificate.  
Please write down all the diagnosis items.

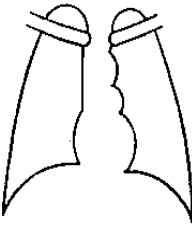
この診断書は、日本で研修を行う者の健康状態を確認するものです。診断項目はすべて記入してください。

Name (名前)

Date of birth (生年月日)

Age (年齢)

Mr./Ms.

1. HEIGHT (身長) cm	2. WEIGHT (体重) kg	3. EYESIGHT (視力) without glasses (裸眼) with glasses (矯正)	left (左)	right (右)
4. COOR BLINDNESS (色神)		5. EYE TROUBLE (目疾)		
6. EAR TROUBLE (耳疾)		7. CHEST X-RAY (胸部X線)  <input type="checkbox"/> indirect (間接撮影) <input type="checkbox"/> direct (直接撮影)  <input type="checkbox"/> normal <input type="checkbox"/> abnormal comment:		
8. BLOOD PRESSURE (血圧) Medication : ( + ・ - )				
9. PULSE (脈) pulse rate /min <input type="checkbox"/> normal <input type="checkbox"/> abnormal				
10. URINE (尿) Protein 蛋白 ( ) Glucose 糖 ( ) Occult Blood 潜血 ( )		11. ESR (血沈) mm/Hr <input type="checkbox"/> normal ( - ) <input type="checkbox"/> abnormal normal value		
12. LIVER (肝機能) value normal value GOT ( ) <input type="checkbox"/> normal ( - ) <input type="checkbox"/> abnormal GPT ( ) <input type="checkbox"/> normal ( - ) <input type="checkbox"/> abnormal		13. MEDICAL HISTORY (既往症)		
15. INTERNAL EXAMINATION (内科的所見)		14. UNDER MEDICAL TREATMENT (治療中の病気) Medication:		
17. OVERALL OBSERVATION (総合所見) Please be sure to write whether or not the said person is physically and mentally healthy enough to take part in extended overseas training. Please write down the reason when you judge him/her to be fit for overseas training in spite of some abnormality. 海外での研修参加が肉体的精神的に可能か研修期間をふまえて必ず記入してください。数値等異常がある場合で総合所見でFITとした場合、その理由を記入してください。 <input type="checkbox"/> Fit for overseas training <input type="checkbox"/> Not fit for overseas training Reason: ..... .....		16. REMARKS (特記事項) The result of close examination should be remarked in case of abnormalities. 異常の所見があった場合は精密検査の結果を記入してください。		

I hereby certify that all the information given is correct. 記載事項に誤りがないことを証します。

Name of hospital (病院名)

Date (年月日)

Address (所在地)

Doctor's name (in print)

Signature (署名)