

健康診断書 (2022年度版)

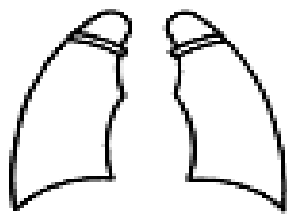
(医師に記入してもらうこと)
日本語又は英語により明瞭に記載すること。

CERTIFICATE OF HEALTH (for 2022)

(to be completed by the examining physician)
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name	Surname 姓	Given name 名	Middle name ミドルネーム
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	生年月日 Date of Birth	年 月 日 yyyy mm dd

1. 身体検査 Physical examination			
(1)身長 Height	cm	(2)体重 Weight	kg
(3)血圧 Blood pressure	mmHg~ mmHg	(4)血液型 Blood type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> RH+ <input type="checkbox"/> RH-
(5)脈拍 Pulse	<input type="checkbox"/> 整 Regular <input type="checkbox"/> 不整 Irregular	(7)色覚異常の有無 Color blindness	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired
(6)視力 Eyesight	裸眼 (右) (左) Without glasses (R) (L) 矯正 (右) (左) With glasses or contact lenses (R) (L)	(8)聴力 Hearing	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired
		(9)言語 Speech	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired

2. 胸部聴診及びX線検査 (6ヶ月以内) Physical and X-ray examinations of the chest (within six months)			
	胸部X線所見 Describe the condition of lungs.	撮影年月日 Date of X-ray	年 月 日 yyyy mm dd
		フィルム番号 Film No.	
		(1)肺 Lungs	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired
		(2)心臓 Cardiomegaly	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired
		異常がある場合⇒心電図 If impaired⇒Electrocardiograph	
			<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired

3. 現在治療中の病気 Disease currently being treated	<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes : 病名 Disease
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4. 既往症 Past illness/disorder	✓	病名Name	完治時期/治療中 Date of recovery /under treatment	✓	病名Name	完治時期/治療中 Date of recovery /under treatment
該当するものにチェックと完治時期/治療中を記入、いずれも該当しない場合は「無し」にチェックすること。 Please check and fill in the date of recovery/under treatment. If NOT contracted any of them in the past, please check "None".		結核 Tuberculosis			マラリア Malaria	
		その他感染症 Other communicable disease			てんかん Epilepsy	
		腎疾患 Kidney disease			心疾患 Heart disease	
		糖尿病 Diabetes			薬剤アレルギー Drug allergy	
	✓	無し None			四肢機能障害 Functional disorder in the extremities	

5. 検査 Laboratory tests							
(1)尿検査 Urinalysis:	糖 glucose		蛋白 protein		潜血 occult blood		
(2)貧血検査 Anemia test	赤沈 ESR	mm/Hr	白血球数 WBC count	/cmm	血色素量 Hemoglobin	gm/dl	貧血 Anemia
(3)肝機能検査 LFT	GPT (ALT)	(IU/l)	GOT (AST)	(IU/l)	γ-GTP	(IU/l)	

6. 医師の診断・意見 Physician's impression of the applicant's health
継続的治療・投薬の必要性があればその旨ご記入下さい。 Please fill in if the applicant needs regular medication or treatment.

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十分に留学に耐えうるものと思われますか？ <input type="checkbox"/> YES (はい) <input type="checkbox"/> NO (いいえ)	日付 Date
	医師署名 Physician's Signature
	検査施設名 Office/Institution
	所在地 Address

※Please be sure to check either "YES" or "NO". If you do not check "YES", the Embassy will NOT accept the application.
必ず「はい」又は「いいえ」にチェックしてください。「はい」にチェックがない場合、大使館は申請を受理しません。

JAPANESE GOVERNMENT (MEXT) SCHOLARSHIP RECOMMENDATION FORM

Applicant's Name (Please print) : _____,
(Surname) (Given name) (Middle name)

To the Applicant : Please fill in your full name above. Give this form and an envelope marked "confidential" and addressed to yourself to the person you have asked to recommend you. Ask this person to place the completed form in the envelope, seal the envelope, sign across the seal, and send it back to you. Submit the unopened envelope with your application to the Japanese Embassy/Consulate General.

To the Recommender : Please respond to the following questions. Please type or print. After completing this form, place it in the envelope provided, seal the envelope, sign across the seal, and return it to the applicant. This recommendation is a required part of the application process and to be used for admissions purposes only; prompt return to the candidate is important. MEXT appreciates your assistance and would like to assure you that your comments will be carefully considered.

Recommender's name : _____

Title and Institution : _____

Address (either work or home) : _____

Telephone: _____ / Email : _____

1. During which period of time have you had the most frequent contact with the applicant? From _____ to _____.
2. What was the nature of your relationship?
3. In what areas does the applicant need improvement or growth?
4. Please comment on the applicant's interpersonal skills. How well does he or she work within a team?
5. How would you describe the applicant's leadership skills?
6. Please comment on the applicant's degree of self-confidence.
7. Please comment on the applicant's personal character.
8. Please indicate your overall evaluation of the applicant for a Japanese Government (MEXT) Scholarship.
() Strongly recommend () Recommend () Recommend with reservation
9. Please write whatever additional comments you would like to make about the applicant's potential for graduate study in Japan and potential for becoming a responsible, effective person for your country. Additional pages may be attached, and the back page of this form can also be used.

Signature _____ Date _____

Note: Any other formats of recommendation letter will be accepted.