

MEXT
ARAŐTIRMA
(Yüksek lisans - Doktora)
BURSU

SAĐLIK FORMU
HAZIRLAMA
REHBERİ

7- Sağlık Formu

- Orijinal belge mutlaka ıslak imzalı ve doktor kaşeli olmalıdır.

Sağlık formu, İngilizce ya da Japonca doldurulması ve üzerinde imza ve kaşe bulunması koşuluyla her türlü sağlık kurumunda doldurulabilir. Kullanılacak başka bir sağlık raporu formu geçerli olmayacaktır.

Akciğer filmi vb gibi test sonuçlarını eklemeyiniz.

Gözlüklü ve gözlüksüz olarak görme derecesi mutlaka belirtilmelidir. Hiçbir görme bozukluğunuz olmasa dahi görme derecenizin işlenmesi gerekmektedir.

Sağlık formunda 7. Sorunun mutlaka işaretlenmiş olması gerekmektedir. Lütfen boş bırakmayınız.

4. Maddede sorulan hastalıkları geçirmediyseniz hastalıkların yanındaki kutulara herhangi bir v işaretleme yapılmamalıdır.

Yalnız «None» kutusu v işaretlenmelidir.

Gerçirdiyseniz soldaki kutu v işaretlenmelidir ve sağdaki sütuna iyileşme tarihi ya da tedavinin sürdüğü yazılmalıdır.

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.

7

氏名 Name	姓 Surname	名 Given name	ミドルネーム Middle name
性別 Gender	男 Male 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 Without glasses (R) (L) 矯正 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. 胸部診察及び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
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

正常 Normal
異常 Impaired

3. 現在治療中の病気
Disease currently being treated

無 No 有 Yes : 病名 Disease

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	
	精神疾患 Psychosis		四肢機能障害 Functional disorder in the extremities	

4. 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	赤血球数 WBC count	/cmm	貧血 Anemia
(3)肝機能検査 LFT	GPT (ALT)	GOT (AST)	γ-GTP (IU/l)

5. 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を記入下さい。
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充分に留学に耐えうるものと思われますか?

YES (はい) NO (いいえ)

※ 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。

日付 Date	
医師署名 Physician's Signature	
検査施設名 Office/Institution	
所在地 Address	