

HEALTH CERTIFICATE (健康診断証明書)

Japanese Language Department
Tenrikyo Language Institute

Name of Applicant (氏名):			
Date of Birth (生年月日):	/	/	Citizenship (国籍):
Present Address (現住所):			
Height (身長):	cm	Weight (体重):	kg
Sex (性別):	☐ Male (男)	☐ Female (女)	

1. MEDICAL HISTORY (病歴)

Please check the names of the diseases which you have ever contracted if any.

(下記の病気にかったことがあれば病名の左の□に ✓ 印を記すこと)

- | | | |
|--|---|---|
| ☐ Tuberculosis (結核) | ☐ Poliomyelitis (小児マヒ) | ☐ Jaundice (黄疸) |
| ☐ Asthma (喘息) | ☐ Neurosis (神経症) | ☐ Anemia (貧血) |
| ☐ Cardiac Disease (心疾患) | ☐ Psychosis (精神病) | ☐ Malnutrition (栄養障害) |
| ☐ Renal Disease (腎疾患) | ☐ Rheumatism (リウマチ) | ☐ Major Trauma (大きな外傷) |
| ☐ Epidemic or Endemic Disease (e.g., Malaria, Amebic dysentery) (伝染病、またはマラリア、アメーバ赤痢のような風土病) | | |
| ☐ Others (他): | | |

2. PHYSICAL FINDINGS (現症)

Vision (視力):	Right (右)	Left (左)
Color Sense (色覚):		Eye Disease (眼疾):
Hearing (聴力):		Ear Disease (耳疾):
Nose, Pharynx & Oral cavity (鼻, 咽喉及び口腔粘膜):		
Skin (皮膚):	Lymphadenopathy (リンパ節腫張):	
Lung (Describe X-ray Findings if any) (胸部X線検査):		
Heart (心臓):		
Abdomen (腹部):		
Bones, Joints, Locomotor System (骨、関節、運動器官):		
Other Abnormal Findings (その他身体の異常):		

3. GENERAL STATUS : check one (上記のもの診断結果、健康状態は…である。)

- ☐ Excellent (優) ☐ Good (良) ☐ Fair (可) ☐ Poor (不良)

Name of Physician (医師の氏名):	
Name of Clinic (医療機関名):	
Address (住所):	
Date (診察日):	/ /
Signature of Physician (医師署名):	