

# CERTIFICATE OF HEALTH 健康診断書

【This form has to be filled out by a physician.】

<b>Name of Applicant:</b> 申請者氏名:	<b>Sex</b> 性別 M.男 F.女	<b>Age</b> 歳	<b>Date of Birth</b> 生年月日: / /
<b>Present Address:</b> 現住所:			<b>Blood Type</b> 血液型 : A B O AB (Rh + -)
<b>Dietary Restrictions due to Religious or Physical Reasons :</b> 宗教的又は身体的理由で制限すべき食べもの:			

<b>Height</b> 身長	<b>cm</b>	<b>Weight</b> 体重	<b>kg</b>
<b>Blood Pressure</b> 血圧	Sys. _____/Dia. _____ mmHg	<b>Pulse Rate</b> 脈拍数 /m	<input type="checkbox"/> <b>Reg.</b> 整脈 <input type="checkbox"/> <b>Irreg.</b> 不整脈
<b>Reflexes</b> 反射	<b>Pupil</b> 瞳孔: <input type="checkbox"/> Normal, <input type="checkbox"/> Abnormal	<b>Knee</b> 膝: <input type="checkbox"/> Normal, <input type="checkbox"/> Abnormal	
	<b>Others</b> 他( ): <input type="checkbox"/> Normal, <input type="checkbox"/> Abnormal		
<b>Eyesight</b> 視力: <b>without glasses</b> _____ / _____ (with glasses 矯正)( )/( )	<b>Left</b> 左 / <b>Right</b> 右	<b>Color-Blindness</b> 色盲: Yes( ) No	<b>Hearing</b> 聴力: <b>Left</b> 左 ; _____ <b>Right</b> 右 ; _____

**1. Anamnesis 既往症:**

(Indicate with “+”, if you find any disease or abnormality, or with “-”, if not.)

Tuberculosis 結核	Malaria マラリア	Other Communicable Diseases 他の伝染病
Rheumatism リウマチ	Liver Disease 肝臓病	Epilepsy てんかん
Asthma ぜんそく	Cardiac Disease 心臓病	Allergy アレルギー
Diabetes 糖尿病	Kidney Disease 腎臓病	Nervous or Mental Disorder 精神の障害

**2. Present Conditions 現在の体調: (“+”, for any disease or abnormality, “-”, if not any.)**

Skin 皮膚	Venereal Disease 性病	Pregnancy 妊娠
Stomach or Digestive System 胃・消化器系	Lungs or Respiratory System 肺・呼吸器系	Bones, Joints, or Locomotor System 骨・関節・運動系
Tonsils, Nose or Throat のど・鼻	Genitourinary System 泌尿器系	Other Abdominal Organs その他 内臓
Heart or Blood Vessels 心臓・血管	Brain or Nervous System 脳・神経系	Blood or Endocrine System 血液・分泌系
Nervous or Mental Disorder 精神の障害		

3. Chest X-ray examination 胸部X線検査:

<b>DATE of the examination</b> 検査日 / / (Day/Month/Year)	<b>conditions of applicant's lungs</b> 胸部の状態 <input type="checkbox"/> Normal, <input type="checkbox"/> Abnormal ( )
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4. The applicant's health, physical and mental conditions are:

(Please check) Excellent Good Fair Poor

5. Is the applicant physically and mentally fit to go abroad for study and travel?

(Please check) Yes No

NAME & TITLE OF PHYSICIAN (\*Please print)

ADDRESS

SIGNATURE

DATE (Day/Month/Year) / /

(Continue to the back side.)

\* 関西国際センターで裏面も含め本書を詳しく確認し、追加質問が生じた場合は改めてご連絡いたします。  
In case the Japan Foundation Japanese Language Institute, Kansai (hereinafter referred to as "the Institute") has any additional question on this sheet, officer in charge of your country would contact the applicant or the doctor.

6. If you marked "+" to any of the above 1& 2, please describe each disease in detail, and if the applicant is physically handicapped, describe the abnormality or impairment.

上記 1・2 で "+" がある場合には各症状の詳細を、また、申請者に身体障害がある場合、その部位・程度について、こちらへご記入ください。

If the applicant has any allergy or any anamnesis; アレルギーや既往症がある場合;  
● Will the applicant bring medicines for emergency? 申請者は薬を持参しますか?

Yes( \_\_\_\_\_ )  No

● Which medical department do we need to take him/her, in case allergic reaction occurs?  
(In this case it is NOT covered by our overseas travel insurance.)

アレルギー反応があったときは、何科を受診したらよいですか?  
(既往症は海外旅行保険の対象外です)

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● First aid / dealing in case of emergency (if any); 急な発症の際の応急処置・対処法 ;

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● Any notice or advice for safe stay in Japan; 安全な日本滞在のための留意点・アドバイス ;

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**個人情報等の取り扱いについての受諾書**  
**Acceptance form concerning personal information**

私はこの健康診断書および私の健康情報等並びに食べ物とペットのアンケートについて、来日にあたっての手続きや来日後の健康管理や安全配慮に必要な場合、研修協力機関、政府関係機関に提供するほか、以下の書式ごとに下記へ提供する場合があることを理解し、承諾します。

・健康診断書

医療専門家、保険会社（海外旅行保険加入及び支払いのため）

・食べ物とペットのアンケート

研修中のホストファミリー、食事提供元

I understand and agree to provide “Certificate of Health”, its’ information on my health, and “Questionnaire on dietary restrictions and pets” to the Institute, and give my consent for the Institute to share such information with institutions cooperating with the training program and government agencies as well as to the following individuals and institutions, for the purpose of carrying out procedures for entering Japan and maintaining health and safety, if necessary.

- “Certificate of Health”

Medical specialists, insurance company (for applying for, and receiving payouts from, insurance)

- Questionnaire on dietary restrictions and pets

Host families, individuals and institutions organizing meals during the program

参加者署名： \_\_\_\_\_

Signature of participant

日付： 2026/ \_\_\_\_\_ / \_\_\_\_\_

Date YY / MM / DD