

# CERTIFICATE OF HEALTH

## 健康診断書

Name in full: Family: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
氏名 \_\_\_\_\_

Sex: Male / Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
性別 男 / 女 \_\_\_\_\_ 生年月日 \_\_\_\_\_

Present address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
現住所 \_\_\_\_\_ 電話 \_\_\_\_\_

Last school attended: \_\_\_\_\_ Address: \_\_\_\_\_  
最終出身学校 \_\_\_\_\_ 所在地 \_\_\_\_\_

## PHYSICIAN'S STATEMENT (To be filled out by a doctor)

### 診断事項

Height 身長	cm	Weight 体重	kg
Eye-sight 視力	Without glasses Left (左) 裸眼 Right (右)	With glasses Left (左) 矯正視力 Right (右)	
Color Recognition Test 色覚	normal 正常 abnormal 異常		
Chest X-ray Finding(including its date) X 線検査	negative 正常 positive 異常		
Urinary Examination 検尿	negative 正常 positive 異常		
Present State of Health 現在の健康状態			

Date: \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Signature \_\_\_\_\_  
日付 \_\_\_\_\_ 氏名 \_\_\_\_\_

Institution: \_\_\_\_\_  
検査施設名 \_\_\_\_\_

Address: \_\_\_\_\_  
所在地 \_\_\_\_\_

If possible, details. 所見があれば記入してください。

※有効期限：診断後 3 ヶ月以内

名古屋造形大学

NAGOYA ZOKEI UNIVERSITY OF ART&DESIGN