

健康診断証明書  
Certificate of Health

注意事項 IMPORTANT NOTE

この健康診断書は、現在の健康状態で問題なく留学生活を送れるか把握するためのものです。医師の診断を受け正確に記入してもらってください。  
感染症の免疫が確認できない場合にはワクチン接種を強く推奨します。健康診断書に記載された情報は事前に関連部署と共有します。  
The purpose of this form is to understand the student's health conditions that may affect his/her studies before he/she comes to Japan. This form must be completed by a medical physician.  
If a student does not have antibodies against the infectious diseases listed below, we strongly recommend that he/she to get vaccinated. The information will remain confidential, to be shared by relevant university department in advance.  
**\*Document issued within 6months of the submission date is acceptable.**

医療機関印  
  
Official Stamp of  
Institution/Clinic

診断日 Date

医療機関名 Institution/Clinic

所在地 Address

医師名 Name of Physician

署名 Signature

\* This date should be within 6 months of  
the submission date.

出願者情報 Applicant's information

氏名 Name

(Family)(Given)(Middle)

生年月日 Date of Birthyear/month/date性別 SexMaleFemale

診断事項・健康状態 Examination Report-Current State of Health

視力 Eye-sight

・左 L( ) 右 R( )

・裸眼 Without glasses or contact lenses矯正 With glasses or contact lenses

聴力 Hearing

・正常 Normal異常 Impaired

胸部X線検査 Chest X-ray

・正常 Normal異常 Impaired

・撮影日 Date (yyyy/mm/dd) / /

所見があれば記入してください。Describe the condition in detail (if any)

\*The chest X-ray is mandatory for ALL students to study at Meiji Gakuin University, unless you have any specific reasons that you cannot do it.

\*The chest X-ray photo must be less than 6 months old.

感染症などの病歴について Record of Infectious diseases and immunization

以下の感染症にかかったこと、予防接種を受けたことがありますか。  
Has the student ever had the following infectious diseases and/or received vaccination?

1. 麻疹 Measles

Had the disease in the past

Vaccinated

(Dates: 1st / / 2nd / / )

Not Vaccinated

2. 風疹 Rubella

Had the disease in the past

Vaccinated

(Dates: 1st / / 2nd / / )

Not Vaccinated

3. 流行性耳下腺炎 Mumps

Had the disease in the past

Vaccinated

(Dates: 1st / / 2nd / / )

Not Vaccinated

4. 水痘 Varicella

Had the disease in the past

Vaccinated

(Dates: 1st / / 2nd / / )

Not Vaccinated

学業上配慮すべき健康上の問題 Medical conditions which might affect the student's academic performance

既往症や持病はありますか。Does the student have any serious past medical history or chronic illness?

有の場合、病名と治療完了日を記入してください。If "Yes", please indicate the name of the disease and recovery date.

心身の疾病に関する所見 Are there any physical or mental conditions that may limit the student's ability to study?

有の場合、具体的な症状を記入してください。If "Yes", please describe the conditons in detail.

食物・薬物アレルギーがあれば記入してください。Does the student have any food allergies or drug allergies? If "Yes", please describe.

有の場合、具体的な症状を記入してください。If "Yes", please describe in detail.

現在、服用している薬があれば記入してください。Is the student currently taking any medications?

有の場合、具体的な症状を記入してください。If "Yes", please describe in detail.

この学生は精神的および身体的に留学に行くことに適した状態ですか。Do you consider the student to be in adequate mental and physical health for full and successful participation in the study abroad program?

いいえの場合、具体的な理由を述べてください。 If "No", please describe the reason.