Kyoto University Medical Certificate for the employment and overseas activity

～ This certificate will be used to help healthcare. Please fill it out completely. ～

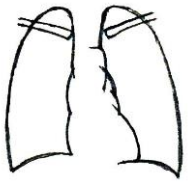
No.＿＿＿＿

Note:Boxes with ' * ' must be filled out by the applicant and boxes with ' ** ' by your respective department.

Name	*	* Male ・ Female	Date of Birth	* Day Month Year	* Age
Department	**		Present address	*	
Position	**				

◆ Laboratory findings （Date of examination） **Day Month Year**

Height	cm	Weight	kg	Blood pressure	／ mmHg
BMI		abdominal circumference	cm	Electrocardiogram (resting)	Findings：
Eyesight	R ・ （with glasses ・ ）				
	L ・ （with glasses ・ ）				
Hearing	R 1000Hz (normal , impaired) 4000Hz (normal , impaired)				
	L 1000Hz (normal , impaired) 4000Hz (normal , impaired)				
	Note： For employment , 1000Hz(30db) / 4000Hz(30db) For overseas , 1000Hz(30db) / 4000Hz(40db)				
Chest X - ray	Direct ・ Indirect No. Findings：				



Urinalysis	Protein	－ ± ＋ ＋＋ ＋＋＋～
	Glucose	－ ± ＋ ＋＋ ＋＋＋～
Hematology	Red blood cell	×10⁴/㎣
	Hemoglobin	g/dL
Liver function test	AST(GOT)	U/L
	ALT(GPT)	U/L
	γ－GTP	U/L
Serum lipids	HDL-Cholesterol	mg/dL
	LDL-Cholesterol	mg/dL
	Triglyceride	mg/dL
Fasting plasma glucose	Fasting hour after eating	mg/dL

◆ Present illness (Exclude transient diseases)

☐ No ☐ Yes Disease Age of onset

Therapy and clinical course

◆ Past history (Diseases which may affect future health condition other than those written above)

☐ No ☐ Yes Disease Age of onset

◆ Work experience , which may affect future health condition

☐ No ☐ Yes Occupation Duration Year (s)

◆ Comments to University physician

☐ No ☐ Yes

Date of issue

Day Month Year

Signature

Physician's name

Institution

Address

京都大学 環境安全保健機構 使用欄

● 判 定 ☐ A（ ） ☐ B（ ） ☐ C（ ） ☐ D（ ）

上記のとおり判定いたします。 京都大学 環境安全保健機構 健康管理部門長

年 月 日 石 見 拓 ㊞