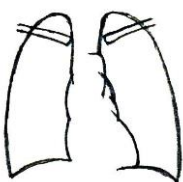


~ This certificate will be used to help healthcare. Please fill it out completely. ~

No. _____

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

Name	*	* Male • Female	Date of Birth	*	* Age	
Department	**		Present address	* Day Month Year		
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	•)	Urinalysis	Protein	- ± + ++ +++ ~
	L	• (with glasses	•)		Glucose	- ± + ++ +++ ~
Hearing	R	1000Hz (normal, impaired)	4000Hz (normal, impaired)	Hematology	Red blood cell	× 10 ⁴ /mm ³
	L	1000Hz (normal, impaired)	4000Hz (normal, impaired)		Hemoglobin	g/dL
	Note : For employment, 1000Hz(30db) / 4000Hz(30db) For overseas, 1000Hz(30db) / 4000Hz(40db)				Liver function test	AST(GOT)
Chest X-ray	Direct • Indirect	No.	_____	Serum lipids	ALT(GPT)	U/L
	Findings :				γ -GTP	U/L
					HDL-Cholesterol	mg/dL
					LDL-Cholesterol	mg/dL
			Fasting plasma glucose	Fasting hour after eating	mg/dL	
◆ Present illness (Exclude transient diseases)						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disease	_____	Age of onset	_____	
Therapy and clinical course _____						
◆ Past history (Diseases which may affect future health condition other than those written above)						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disease	_____	Age of onset	_____	
◆ Work experience , which may affect future health condition						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Occupation	_____	Duration	Year (s)	
◆ Comments to University physician						
<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____				
Date of issue		Signature _____				
		Physician's name _____				
		Institution _____				
Day	Month	Year	Address _____			
京都大学 環境安全 保健機構 使用欄	● 判定 <input type="checkbox"/> A () <input type="checkbox"/> B () <input type="checkbox"/> C () <input type="checkbox"/> 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					
	年 月 日 (印)					