



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	*	* 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	Findings :	
Eyesight	R	(with glasses)		(resting)		
	L	(with glasses)				
Hearing	R	1000Hz (normal, impaired)	4000Hz (normal, impaired)	Urinalysis	Protein - ± + ++ +++ ~	
	L	1000Hz (normal, impaired)	4000Hz (normal, impaired)		Glucose - ± + ++ +++ ~	
	Note : For employment , 1000Hz(30db) / 4000Hz(30db) For overseas , 1000Hz(30db) / 4000Hz(40db)			Hematology	Red blood cell	×10 ⁴ /mm ³
					Hemoglobin	g/dL
Chest X-ray	Direct	Indirect	No. _____	Liver function test	AST(GOT)	U/L
	Findings :				ALT(GPT)	U/L
				Serum lipids	γ-GTP	U/L
					HDL-Cholesterol	mg/dL
			Fasting plasma glucose	LDL-Cholesterol	mg/dL	
				Triglyceride	mg/dL	
				Fasting (4hour	mg/dL	
				hour after eating	hour after	
◆ 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 産業厚生部門長 (健康管理室長)					
	_____ 年 _____ 月 _____ 日 _____ 阪 上 優 印					