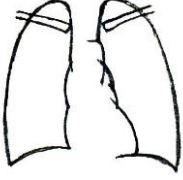


# Medical Certificate for Kyoto University Employee

~ This certificate contains his/her health checkup data in Kyoto University. ~ No. \_\_\_\_\_

<b>Name</b>		Male • Female	<b>Date of Birth</b>	Day    Month    Year	Age
<b>Present address</b>	..... ..... .....				

<b>◆ Laboratory findings ( Date of examination: _____ )</b>				Day	Month	Year	
<b>Height</b>	cm	<b>Weight</b>	kg	<b>Blood pressure</b>		/ mmHg	
<b>BMI</b>		abdominal circumference	cm	<b>Electrocardiogram ( resting )</b>		Findings :	
<b>Eyesight</b>	R	• (with glasses/ cl    • )		<b>Urinalysis</b>	Protein	- ± + ++ +++ ~	
	L	• (with glasses/ cl    • )			Glucose	- ± + ++ +++ ~	
<b>Hearing</b>	R 1000Hz (normal , impaired) 4000Hz (normal , impaired)		<b>Hematology</b> Red blood cell <span style="float: right;">× 10<sup>4</sup>/mm<sup>3</sup></span> Hemoglobin <span style="float: right;">g/dL</span>				
	L 1000Hz (normal , impaired) 4000Hz (normal , impaired)						
Note : For employment , 1000Hz(30db) / 4000Hz(30db) For overseas , 1000Hz(30db) / 4000Hz(40db)			<b>Liver function test</b>		AST(GOT)	U/L	
<b>Chest X - ray</b>	Direct • Indirect	No. _____		<b>Serum lipids</b>		ALT(GPT)	U/L
			Findings :		γ-GTP	U/L	
<b>Fasting plasma</b>					HDL-Cholesterol	mg/dL	
						LDL-Cholesterol	mg/dL
						Triglyceride	mg/dL
						Fasting ( 4 hour	mg/dL
						hour after eating	hour after

<b>Notes</b>	..... ..... .....
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<b>◆ Present illness ( Exclude transient diseases )</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disease	Age of onset
Therapy and clinical course ..... .....			

<b>◆ Past history ( Diseases which may affect future health condition other than those written above )</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Disease	Age of onset

<b>◆ Work experience , which may affect future health condition</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Occupation	Duration    Year (s)

<b>◆ Comments to occupational physician</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	..... .....	

<b>Date of issue</b>	Signature
	Physician's name
..... Day    Month    Year	Health Care Office ,agency for Health,Safety and Environment,Kyoto University Yoshida-Honmachi, Sakyo-ku, Kyoto 606-8501, Japan