Medical Certificate for Kyoto University Students

～ This certificate contains his/her health checkup data in Kyoto University. ～

No.

Name		**Male ・ Female**	**Date of Birth**	Day Month Year	Age
Course	Undergraduate course Master's course Doctoral course Research student Others ( )				
Department	Department	Faculty or Graduate school	Year of entrance		
Present address					

◆ **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/ cl ・)					
	L	・ (with glasses/ cl ・)		**Urinalysis**	Protein	− ± + ++ +++～	
Hearing	R	1000Hz (normal , impaired) 4000Hz (normal , impaired)			Glucose	− ± + ++ +++～	
	L	1000Hz (normal , impaired) 4000Hz (normal , impaired)		**Hematology**	Red blood cell	$\times 10^4/mm^3$	
	Note : For employment , 1000Hz(30db) / 4000Hz(30db) For overseas , 1000Hz(30db) / 4000Hz(40db)				Hemoglobin	g/dL	
Chest X - ray	Direct ・ Indirect No.			**Liver function test**	AST(GOT)	U/L	
	Findings :				ALT(GPT)	U/L	
					γ－GTP	U/L	
				Serum lipids	HDL-Cholesterol	mg/dL	
					LDL-Cholesterol	mg/dL	
					Triglyceride	mg/dL	
				Fasting plasma	Fasting (4 hour	mg/dL	
					hour after eating	hour after	
Notes							

◆ **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 occupational physician**

☐ No ☐ Yes

Date of issue

Day **Month** **Year**

Signature

Physician's name

Health Care Office ,agency for Health,Safety and Environment,Kyoto University
Yoshida-Honmachi, Sakyo-ku, Kyoto 606-8501, Japan