



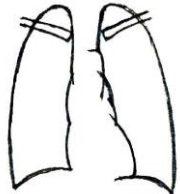
Kyoto University Medical Certificate for the employment



~ 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)			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					
Chest X-ray	Direct • Indirect		No. _____	Liver function test	AST(GOT)	U/L					
			Findings : _____		ALT(GPT)	U/L					
				Serum lipids	γ-GTP	U/L					
	Fasting plasma glucose	Fasting (4hour _____ hour after eating			mg/dL _____ 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			小 濱 和 貴 印							