



Year 2024 (6th year of Reiwa) Student Health Examination Card

* Please fill in the thick lines by yourself.

Name	Faculty • Education • (Science &) Information • Medicine • Health Sciences • Science and Technology	• Bachelor • Graduate • Other	Grade	Age	Sex	Student ID number			
Have you already answer the Mental Health Questionnaire? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please scan the QRcode and answer it. 			Anthropometry		Height	. cm			
		Weight			. kg				
Do you have any prior medical history? (Major past illness, surgery, trauma, etc.) • NO • YES If Yes, check all your diseases from the following and fill in the age you got it in parentheses. <input type="checkbox"/> Cardiac illness () <input type="checkbox"/> Arrhythmia () <input type="checkbox"/> Kidney disease () <input type="checkbox"/> Liver disease () <input type="checkbox"/> Tuberculosis () <input type="checkbox"/> Natural pneumothorax () <input type="checkbox"/> Bronchial asthma () <input type="checkbox"/> Atopic dermatiti () <input type="checkbox"/> Pollen allergy and allergic rhinitis () <input type="checkbox"/> Other allergies (food, chemicals and so on) () <input type="checkbox"/> Epilepsy () Hearing loss () <input type="checkbox"/> Other (disease name : the age :)			Eyesights (Self-report)		Right	. () (Naked eye vision) (Corrected*)			
		Left			. () (Naked eye vision) (Corrected*)				
					* For whom with glasses or contact lenses, fill in only corrected visual aquty				
Do you have some allergies or pypersensitivity? • YES • NO ① If YES, check in the parentheses. Foods() Medicines() Others() ② What were the symptoms? • Rash • Nausea or Vomiting • Dyspnea • Others ()			健康診断日 Date of medical examination						
			血圧 Blood pressure		① (最高 Max.) / (最低 Min.)				
					② (最高 Max.) / (最低 Min.)				
					Subjective symptoms of hypotension 低血圧の自覚症状： あり YES なし NO				
Are you being treated regularly for any health problems at a hospital or clinic? • YES • NO If YES, fill in the name of the problem or the medicatal institution you are currently going. ()			尿所見 Urinalysis		Please submit on the day of the medical examination.				
			胸部X線 Chest x-ray		Finished 撮影 <input type="checkbox"/>				
Have you ever been informed of any health problem during a medical checkup? • YES • NO ① If YES, when were you told it? • Elementary school • Junior high school • Senior high school • College or University ② What kind of check was it then? • Cardiac sounds • Electro-cardiogram • Blood pressure • Urinalysis • Chest X-ray • Other Did you take any re-examination after that? • YES • NO			内科診察 所見 Internal medicine examination		心音 Heart sound	• 異常なし No abnormality • 雑音あり Heart murmur (要検査) Detailed exame required • 診断済 Diagnosed (病態： Pathology)			
									
Do you smoke? • YES • NO			総合判断 Comprehensive diagnosis		• 異常なし No abnormality • 再検査 Re-examination • 医療機関紹介： Medical institution referral • その他 (Other)				
Have you ever lost consciousness or fallen down? • YES (Times? :) • NO									