English version

Year 2025 Student Health Examination Card

＊Please fill in the thick lines by yourself.

Date of medical examination	

Name	Faculty ・Education ・(Science &) Information ・Medicine ・Health Sciences ・Science and Technology	・Bachelor ・Graduate ・Other	Grade	Age	Student ID number

Have you already answer the Mental Health Inventory? ☐YES ☐NO

If not, please scan the QRcode and answer it.

Do you have any prior medical history?
(Major past illness, surgery, trauma, etc.)
・NO ・YES

If Yes, check all your deseases from the following and fill in the age you got it in parentheses.
☐Cardiac illness ( ) ☐ Arrhythmia ( )
☐Kidney disease ( ) ☐Liver disease ( )
☐Tuberculosis ( ) ☐ Pneumothorax ( )
☐Bronchial asthma ( ) ☐Atopic dermatiti ( )
☐Pollen allergy and allergic rhinitis ( )
☐Other allergies (food, chemicals and so on) ( )
☐ Epilepsy ( ) Hearing loss ( )
☐ Other (disease name : the age :)

Do you have some allergies or pypersensitivity?
・YES ・NO

①If YES, check in the parentheses.
Foods( ) Medicines( ) Others( )

②What were the symptoms?
・Rash ・Dyspnea ・Others ( )

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.
( )

Have you ever been informed of any health problem during a medical checkup?
・YES ・NO

①If YES, when were you told it?
・Elementary school ・Junior high school
・Senior high school ・College or University

②What kind of check was it then?
・Cardiac sounds ・Electro-cardiogram
・Blood pressure ・Urinalysis ・Chest X-ray ・Other

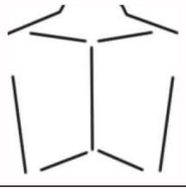
Did you take any re-examination after that?
・YES ・NO

Have you ever lost consciousness or fallen down?
・YES (Times? :) ・NO

Chest heaviness and difficulty breathing are common.
・YES ・NO

Abdominal pain, nausea, diarrhea, or constipation may persist.
・YES ・NO

Dizziness and lightheadedness are common.
・YES ・NO

Anthropometry	Height	. cm
	Weight	. kg
Blood pressure	① (Max.) ／ (Min.)	
	② (Max.) ／ (Min.)	
	Subjective symptoms of hypotension YES NO	
Eyesights Self-report	Right	＿＿.＿＿ (＿＿.＿＿) (Naked eye vision) (Corrected*)
	Left	＿＿.＿＿ (＿＿.＿＿) (Naked eye vsition) (Corrected*)
	＊For whom with glasses or contact lenses, fill in only corrected visual aquity	
ternal medicine examination	Heart sound	・ ・Heart murmur (Detailed exame required) ・Diagnosed ( )
		
Urinalysis	**Please submit on the day of the medical examination.**	
Chest x-ray		
Compre-hensive diagnosis	・Re-examination ・Medical institution referral ・Other ( )	