

2025年度 定期健康診断受診票
2025 Health Examination Form

学1

太枠内と健康調査を記入してください。学生IDは学生証を見て正確に記入してください。精密検査が必要な場合は、お知らせします。

Be sure to fill in the heavy outline and Medical History. Also, be sure to verify your student ID No. on your student ID card. Those in need of a close examination will be individually notified.

保健センターにおける個人情報取扱いについて

保健センターでは記載いただいた個人情報および健康診断の結果を以下の目的のみ利用いたします。1) 受診されたみなさまの健康管理を行うため 2) 保健センターの事務を適切に行うため 3) 検査業務など外部への業務委託のため

Handling of Personal Information at the Health Center

The Health Center will use personal information and the results of medical examinations only for the following purposes. 1) To manage the health of persons who have undergone medical examinations. 2) To properly carry out the administrative duties of the Health Center. 3) To outsourcing of operations for sample testing, etc. to external business entities.

Student ID No. 1 1 2 5
Mobile phone number
Surname (Name)
Date of Birth (Date of Birth) Y/M/D
Gender Male Female
Tobacco use Current Former Never

< 健康調査 Medical History >

これまで下記の病気にかかったことがありますか? Have you had the following? [いいえ No / はい Yes]

「はい」の場合は、該当する病名コード番号を下記の欄に記入してください。

また、その病気にかかった年齢、そのために手術を受けたか、現在の状態についても記入してください。3つまで記入できます。

If you answered "Yes", please enter the code number that corresponds to the disease below.

Then enter the age you were when you contracted the disease, and indicate whether you underwent surgery or not and the current status of that disease. Up to three different entries are possible.

Table with 3 columns: Code No., 病名 Disease, etc., Code No., 病名 Disease, etc., Code No., 病名 Disease, etc. Includes diseases like Congenital anomalies of heart, Pulmonary tuberculosis, Diabetes Mellitus, etc.

Code No. Age when contracted Did you have surgery? Current status
Please fill in this area.

記入不要 No need to fill out.

Urinalysis
Height
Weight
ECG
Chest X-ray film