

Student physical examination report

(to be filled out by a physician)

Date of Examination (診断日) ____ / ____ / ____

School Year (年度) _____

Student Name (生徒氏名) _____ Male (男子) Female (女子)

Birth date (生年月日) ____ / ____ / ____ Grade (学年) _____ Age (年齢) _____

Height (身長) _____ Weight (体重) _____ Blood Pressure (血圧) _____

Eyes (視力) : Right (右) _____ Left (左) _____ Color Sensation (色覚) _____

Hearing (聴力) Right (右) _____ Left (左) _____

Respiratory (呼吸器系) _____

Cardiovascular (循環器系) _____

Liver (肝臓) _____ Spleen (脾臓) _____

Musculoskeletal (筋骨格系) _____ Skin (皮膚) _____

Neurological (神経系) _____

Laboratory Urinalysis (尿検査) Protein (蛋白) _____ Sugar (糖) _____ O.B. (潜血) _____

Medical Reasons Limiting Participation in Sports or Activities? (体育活動制限の有無) Yes (有) No (無)

Comments / Details (その理由)

Additional Notes (その他)

Physician's Address (医師の住所)

Telephone (電話番号) _____ Fax (ファックス番号) _____

Physician's Signature (医師の署名) _____

Physician's Name (医師名) _____

(Please print or type/ 活字体で)

Parent's Signature _____ Date _____