

### ③ Student Physical Examination Report

(to be completed by a physician) 医師によるご記入をお願いいたします。

Student name (生徒氏名): \_\_\_\_\_ Gender (性別):  M(男子)  S(女子)  
(last: 姓) (first: 名)

Date of examination (受診年月日): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birth date (生年月日): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade (学年): \_\_\_\_\_ Age (年齢): \_\_\_\_\_

Height (身長)		cm
Weight (体重)		kg
Vision (視力)	Right (右)	
	Left (左)	
Hearing (聴力)	Right (右)	
	Left (左)	
Ear/Nose/Throat (耳鼻のど)		
Urinalysis (尿検査)	Protein (尿蛋白)	
	Urine sugar (尿糖)	
	O.B. (尿潜血)	
Developmental assessment (発育・健康状態)		
Nutritional status (栄養状態)		

Additional Notes (その他の所見)

Doctor's Address (医師の住所): \_\_\_\_\_

Telephone (電話番号): \_\_\_\_\_ Fax (ファックス番号): \_\_\_\_\_

Doctor's Name (医師名): \_\_\_\_\_

Doctor's Signature (医師の署名): \_\_\_\_\_ Date (日付): \_\_\_\_\_