

Please submit this form at the reception desk.

Health Check Sheet 2020

Department/Program		Division/ Course				
Student Number		Grade/ Year	Undergraduate	Graduate		
フリガナ		Date of birth	Year	Month	Day	Age
Name						
Phone number		We will contact you via your university email address in case of any abnormal results.				

Please tell us about your use of tobacco (e.g., cigarettes, e-cigarettes [vaping], smokeless tobacco):

1. I currently smoke/use tobacco 2. I have smoked/used tobacco in the past 3. I have never smoked/used

Mental Health Survey (for all students except first-year students)

For each question, please circle the number that best describes how often you had this feeling.

In the past 30 days, about how often did you feel...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. ...nervous?	0	1	2	3	4
2. ...hopeless?	0	1	2	3	4
3. ...restless or fidgety?	0	1	2	3	4
4. ...so depressed that nothing could cheer you up?	0	1	2	3	4
5. ...that everything was an effort?	0	1	2	3	4
6. ...worthless?	0	1	2	3	4

Please add the scores for items 1-6. ➡

If you are (1) an undergraduate student in your 1st, 4th (except for students in the faculties of medicine, dentistry, and pharmacy), or 6th year, or (2) an M1 or D1 graduate student, please fill out the other side of this form, too.

Please do not write below this line

○	身長	cm			受診日		
	体重	kg	BMI				
○	血圧・脈拍	初回	/	P	<input type="checkbox"/> 所見あり <input type="checkbox"/> 再検査・160以上/100以上, 89以下/ <input type="checkbox"/> 診察 (/)		
		再測定	/	P			
		初回値が140以上/90以上, 89以下/ いずれかの場合再測定2回実施		<input type="checkbox"/> 所見あり 再測定値が ・140以上/90以上 ・89以下/ いずれかの場合 要指導	<input type="checkbox"/> 診察 (/)		
/	P	正常に近い 値を再測定 欄に記入					
1	検尿		蛋白	-	+	2+	3+
		糖	-	+	2+	3+	
		潜血	-	+	2+	3+	
		<input type="checkbox"/> 未検 <input type="checkbox"/> 月経中					
対象者のみ	2	胸部X線	撮影番号		<input type="checkbox"/> 診察 (/)		
	3	内科診察			<input type="checkbox"/> 再診 (/) <input type="checkbox"/> 紹介		
	4	心電図					
5	4年生	腹囲・内臓脂肪測定・血液検査			<input type="checkbox"/> 診察 (/) <input type="checkbox"/> 紹介		

Fill in the following if you are (1) an undergraduate student in your 1st, 4th (except for students in the faculties of medicine, dentistry, and pharmacy), or 6th year, or (2) an M1 or D1 graduate student.

Please list details of any past or current medical condition/treatment.

①	hypertension	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
②	arrhythmia ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
③	heart disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
④	pulmonary tuberculosis	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑤	asthma	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑥	respiratory disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑦	digestive disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑧	kidney disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑨	diabetes	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑩	hyperlipidemia	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑪	anemia	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑫	eye disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑬	ear disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑭	atopic dermatitis	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑮	skin disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑯	allergic disease ()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑰	gynopathy()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑱	syncope · epilepsy	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
⑲	psychiatric illness	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
Other	()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
	()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor
	()	<input type="checkbox"/>	(0)none	<input type="checkbox"/>	(1) completed treatment	<input type="checkbox"/>	(2)currently seeing a doctor

Please do not write below this line

診 察 所	所見なし 0	経過観察 1	治療中 2	要受診 3	診断名	備考
貧 血	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> ★		
甲 状 腺 腫	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> ★		
扁 桃 肥 大	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
頸部リンパ節腫脹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
呼 吸 音 異 常	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
心 音 異 常	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
不 整 脈	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
■その他						
内・外・皮・眼・耳・その他	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
内・外・皮・眼・耳・その他	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

経過観察、治療中の場合は以下を記載してください。要受診の際は必ず再診察します。

