

# Sample Form

※Please enter your information in the numbered spaces, as shown in the below examples.  
 ※Your form will be read by machine, so please do not soil or fold it.  
 Write your information clearly and neatly, within the space provided.

東北大学定期健康診断票 / Tohoku University Medical Examination Form

ID 01 添付の記入例あるいは裏面下部の説明を参考に、該当する箇所を濃くはっきりと記入して健康診当日持参してください。  
 Please see bottom of the reverse side for instructions. No. 2015123456

② Student ID number 学籍番号 B4TB1001

③ Faculty 所属学部・研究科名 School of Engineering  
 フリガナ 氏名 (Name) YOSHI TANAKA  
 Date of birth (yyyy/mm/dd) 生年月日 2000 / 1 / 1 性別 M  
 Contact information 連絡先  
 携帯・TEL ( 090 - 1111 - 9999 )  
 E-mail ( tohoku@uni.jp )

① 受験番号 (学部番号 + 学号) 記号又は数字を記入して下さい

記号	A	D	E	J	L	M	P	S	T	Y
千の位	0	1	2	3	4	5	6	7	8	9
百の位	0	1	2	3	4	5	6	7	8	9
十の位	0	1	2	3	4	5	6	7	8	9
一の位	0	1	2	3	4	5	6	7	8	9

⑤ 健康日 20 年 1 月 1 日

④ Student ID number 学籍番号 B4TB1001

身体計測 身長 [ ] cm 体重 [ ] kg BMI [ ]

内科 結果 [ ] 1. 正常 [ ] 2. 異常あり [ ] 心雑音 [ ] 不整脈 [ ] 甲状腺腫 [ ]  
 [ ] 貧血 [ ] その他 ( )

歯科 結果 [ ] 1. 正常 [ ] 2. 異常あり [ ] 要う蝕治療歯 [ ] 歯周病患 [ ]  
 [ ] 不正咬合 [ ] 顎関節症 [ ] その他 ( )

胸部X線 写真番号 [ ]

尿検査 採尿時期 [ ] 採尿の条件 [ ] 蛋白 [ ] 糖 [ ] 潜血 [ ]

⑥ 麻疹 (はしか) の予防接種の回数 [ ] 1. なし 2. あり

⑦ 既往歴 (Have you ever contracted a major illness or undergone surgery?)  
 1. なし (NO) 2. あり (YES) → (illness name year old, 病名 歳時)  
 ※今までかかった大きな病気や手術などの病名と年齢を記入してください

⑧ 視力 右 [ ] 左 [ ]

個人情報取り扱い、利用目的は保健管理センター内掲示板及び保健管理センターWEBに告示しております。(裏面もご覧ください)  
 Handling and usage policies for personal information can be found on the Student Health Care Center bulletin board and website.

All students  
(Excludes 1st year undergraduate students):  
 Please enter information for ②③④⑤⑦

Research, Credited Non-degree, Special Auditing, Special Research, and Japanese Language Program Students:  
 Please enter information for ②③⑤⑦

You do not need to darken in the squares for ④.

## Measles Screening

⑥ Have you received vaccination against measles?  
 [ ] 1. I received one, or no, vaccination shots  
 [ ] 2. I received two or more vaccination shots  
 Unknown ← If you do not know, circle the word "Unknown," shown at left.

⑥ Have you ever contracted measles?  
 [ ] 1. No  
 [ ] 2. Yes  
 Unknown ← If you do not know, circle the word "Unknown," shown at left.

If you have never contracted, or received vaccination for, measles, please visit any convenient medical facility and undergo vaccination (at your own expense).

★Many students enter their Student ID Numbers incorrectly! Please check your number on your Student ID Card before entering it.★