



Okinawa Christian School International

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http://www.ocsi.org

MEDICAL/SPORTS PHYSICAL 健康診断書

SCHOOL YEAR 学年度 _____

Required for all new students and all OCSI athletic team members and is valid for one (1) year from the date of the evaluation for athletics. This form must be on file in the school office before participation in athletics. 新入生とスポーツ(部活)に参加する生徒は受診1年以内の健康診断書を提出してください。この用紙はスポーツ(部活)に参加する前に提出しなければなりません。

*Please write all responses in English if possible.

Student's Name 生徒名: _____	Vision: R20/ _____ L20/ _____
Birth Date 生年月日: _____ Age 年齢: _____	Corrected: [] Yes [] No [] Contacts [] Glasses
Sex 性別: [] Male 男 [] Female 女	Height 身長: [] Inch. [] Cm.
	Weight 体重: [] Lbs. [] Kilos

	Normal	Abnormal Findings	Initial
I. MEDICAL			
Eyes/Ears/Nose/Throat 眼、耳、鼻、喉			
Lymph Nodes リンパ腺			
Heart 心臓			
Pulses 脈拍			
Lungs 肺			
Abdomen 腹部			
Genitalia (males only) 生殖器(男子のみ)			
Skin 肌			
II. MUSCULOSKELETAL			
Neck 首			
Back 背中			
Shoulder/Arm 肩、腕			
Elbow/Forearm 肘、前腕			
Wrist/Hand 手首、手			
Hip/Thigh 腰、大腿部			
Knee 膝			
Leg/Ankle 足、足首			
Foot 足(くるぶしより下の部分)			
III. CONDITIONS			
Allergies アレルギー	Yes	No	Comments
Medications 薬	/	/	
Dietary 食事	/	/	
Restrictions 制限	/	/	
Chronic Conditions 慢性状態	/	/	
Diabetes 糖尿病	/	/	
Asthma 喘息	/	/	

Is student fit for normal physical education? [] Cleared for physical education 参加可
 体育の授業に参加してよいか [] Not Cleared for physical education 参加不可
 Competitive athletics? [] Cleared for competitive athletics 参加可
 対抗競技に参加してよいか [] Not cleared for competitive athletics 参加不可

TB Skin Test/X-ray : Findings/Result ツベルクリン反応検査/レントゲン検査結果
 (not needed for sports physical スポーツ(部活)参加の健康診断の場合は不要) _____

REMARKS _____

DOCTOR'S NAME & SIGNATURE (Print) (or stamp/inkan)
 医師名及び署名(捺印) _____

NAME OF HOSPITAL/CLINIC 病院名: _____ Date of Examination 検査日: _____