

Family name Given name 合 Middle name

男 Male Year Month Day

女 Female

cm (2) Weight kg

mmHg mmHg (4) Blood type A

Normal
Impaired
Normal
Impaired

No Yes 合 Disease

合Name

合Name

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Tuberculosis

Other communicable disease

Kidney disease

Diabetes

Please check and fill in the date of recovery/under treatment.
If NOT contracted any of them in the past, please check "None".

(1) Urinalysis: glucose
ESR
GPT
ALT)

WBC count

Anemia

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