

REPORT OF HEALTH EVALUATION

Date: _____

NAME : _____

SEX : _____

Date of Birth : _____

Physical examinations (examined on _____) ,

Height ; _____ cm, Weight ; _____ kg

Chest X-ray ; _____

ECG ; _____

Blood pressure, rest _____ / _____ mmHg

Hearing ; (R) _____ Hz (_____ dB) , _____ Hz (_____ dB) ; _____

(L) _____ Hz (_____ dB) , _____ Hz (_____ dB) ; _____

Vision ; _____ : (R) _____ , (L) _____

Peripheral Blood examinations (examined on _____) ,

Peripheral blood examinations

WBC ; _____ / μl , plat. ; _____ / μl

RBC ; _____ / μl (Hb. ; _____ g/dl, Ht. ; _____ %)

Blood Group ; _____

Serum examinations,

HBsAg ; _____ , HBsAb ; _____ , HCV ; _____ , Blood glucose ; _____ mg/dl ,

GOT ; _____ IU/l , GPT ; _____ IU/l , γ GTP ; _____ IU/l ,

Total Cholesterol ; _____ mg/dl , Triglyceride ; _____ mg/dl ,

The Anti-Virus antibody titers on _____ ;

Measles-NT ; _____ : _____ (_____) [_____]

Rubella-HI ; _____ : _____ (_____) [_____]

Mumps-ELISA/IgG ; _____ : _____ (_____) [_____]

Varicella-IAHA ; _____ : _____ (_____) [_____]

Urine examinations (examined on _____) ,

specific gravity ; _____ , pH ; _____ , albuminuria ; _____ ,

hematuria ; _____ , glucosuria ; _____

Past history,

Clinical Evaluations,

I, the undersigned, certify that the above Immunization Record and Clinical Evaluations are accurate.