

AY2025 Personal Health Records for Students' Annual Medical Examinations

You can access the Medical Examination Appointment Site by scanning this code.



Please scan this code to access the Health
Screening Questionnaire Website.



***This Questionnaire is mandatory.**

***IMPORTANT!**

If you are not feeling well on the day of your appointment, please contact the Health Administration Center first.

Please fill the questions in the bold box below with a ballpoint pen.

Date of medical examination :

Student ID Number		Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Faculty/ Graduate School			
What year are you in at university?		Date of Birth (yyyy/mm/dd)	
Health Screening Questionnaire	<p>Have you answered the Web Health Screening Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*First, please answer the questionnaire by scanning the code above or through the Health Administration Center website.</p>		
X-ray	Have you ever had an X-ray during a medical examination at this University?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of Present illness/ Past Medical History	① Have you ever had any problems with your health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<p>*If Yes, please indicate the name of any illnesses you have or have had in the past and your age at the time. Your age:() Name of the illness:()</p>		
	②Have you ever been notified of any abnormalities in your heart during a past medical examination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	③ Please fill in any questions you would like to discuss with your physician.		

The staff will fill in the following.

胸部X線	X線フィルムNo.				
身体計測	身長		cm	体重	
				kg	
血圧(mmHg) 脈拍	/ ()			/ ()	
尿	糖		蛋白		
	ウロビリ		潜血反応		
内科診察	<input type="checkbox"/> 異常なし <input type="checkbox"/> 要再検 <input type="checkbox"/> 治療中 <input type="checkbox"/> 支障なし	【所見】			医師

琉球大学