

特別障害者手当認定診断書(腎臓疾患用)

| ① (ふりがな)<br>氏名   |                      | 男・女   | ② 生年月日             | 昭和<br>平成<br>令和 年 月 日 |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
|--|----------------------|---|--------------------|----------------------|------|-----|---|---|---|--------|-----|--|--|--|--------------|-------|--|--|--|-----|------|--|--|--|------|----------------------|--|--|--|--------|------|--|--|--|------|-----|--|--|--|------|----------------------|--|--|--|-------|------|--|--|--|---------|------|--|--|--|-------------------|--|--|--|--|----------|-------|--|--|--|-------------|-------|--|--|--|----------|-------|--|--|--|------|------|--|--|--|------|------|--|--|--|------------------|------|--|--|--|------------------------|-------|--|--|--|
| ② 住所   |                      |   | ④ 疾病の原因と<br>なった傷病名 |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑤ ④のため初めて医師の<br>診断を受けた日  | 昭和<br>平成<br>令和 年 月 日 |   | ⑥ 傷病発生<br>年月日      | 昭和<br>平成<br>令和 年 月 日 |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑦ 障害が永続すると判定<br>された日   | 昭和<br>平成<br>令和 年 月 日 | 推定<br>確認  | ⑧ 将来再認定<br>の要      | 有( 年後) ・ 無           |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑨ 腎臓疾患 (令和 年 月 日現症)  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 臨床所見   |                      | (6) 検査成績  |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 自覚症状<br>悪心・嘔吐 (無・有・著) 浮腫 (無・有・著)<br>食欲不振 (無・有・著) 貧血 (無・有・著)<br>頭痛 (無・有・著) アシドーシス (無・有・著)<br>呼吸困難 (無・有・著) 腎不全に基づく<br>神経症状 (無・有・著)<br>視力障害 (無・有・著) |                      | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">検査項目</th> <th style="width:10%;">検査日</th> <th style="width:10%;">.</th> <th style="width:10%;">.</th> <th style="width:10%;">.</th> </tr> </thead> <tbody> <tr><td>1日尿蛋白量</td><td>g/日</td><td></td><td></td><td></td></tr> <tr><td>尿蛋白/尿クレアチニン比</td><td>g/gCr</td><td></td><td></td><td></td></tr> <tr><td>尿蛋白</td><td>(定性)</td><td></td><td></td><td></td></tr> <tr><td>赤血球数</td><td>×10<sup>4</sup>/μl</td><td></td><td></td><td></td></tr> <tr><td>ヘモグロビン</td><td>g/dl</td><td></td><td></td><td></td></tr> <tr><td>白血球数</td><td>/μl</td><td></td><td></td><td></td></tr> <tr><td>血小板数</td><td>×10<sup>4</sup>/μl</td><td></td><td></td><td></td></tr> <tr><td>血清総蛋白</td><td>g/dl</td><td></td><td></td><td></td></tr> <tr><td>血清アルブミン</td><td>g/dl</td><td></td><td></td><td></td></tr> <tr><td colspan="5">BCG法・BCP法・改良型BCP法</td></tr> <tr><td>総コレステロール</td><td>mg/dl</td><td></td><td></td><td></td></tr> <tr><td>血液尿素窒素(BUN)</td><td>mg/dl</td><td></td><td></td><td></td></tr> <tr><td>血清クレアチニン</td><td>mg/dl</td><td></td><td></td><td></td></tr> <tr><td>eGFR</td><td>ml/分</td><td></td><td></td><td></td></tr> <tr><td>1日尿量</td><td>ml/日</td><td></td><td></td><td></td></tr> <tr><td>内因性クレアチニン・クリアランス</td><td>ml/分</td><td></td><td></td><td></td></tr> <tr><td>動脈血(HCO<sub>3</sub>)</td><td>mEq/l</td><td></td><td></td><td></td></tr> </tbody> </table> |                    |                      | 検査項目 | 検査日 | . | . | . | 1日尿蛋白量 | g/日 |  |  |  | 尿蛋白/尿クレアチニン比 | g/gCr |  |  |  | 尿蛋白 | (定性) |  |  |  | 赤血球数 | ×10 <sup>4</sup> /μl |  |  |  | ヘモグロビン | g/dl |  |  |  | 白血球数 | /μl |  |  |  | 血小板数 | ×10 <sup>4</sup> /μl |  |  |  | 血清総蛋白 | g/dl |  |  |  | 血清アルブミン | g/dl |  |  |  | BCG法・BCP法・改良型BCP法 |  |  |  |  | 総コレステロール | mg/dl |  |  |  | 血液尿素窒素(BUN) | mg/dl |  |  |  | 血清クレアチニン | mg/dl |  |  |  | eGFR | ml/分 |  |  |  | 1日尿量 | ml/日 |  |  |  | 内因性クレアチニン・クリアランス | ml/分 |  |  |  | 動脈血(HCO <sub>3</sub> ) | mEq/l |  |  |  |
| 検査項目   | 検査日                  | .   | .                  | .                    |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1日尿蛋白量   | g/日                  |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 尿蛋白/尿クレアチニン比   | g/gCr                |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 尿蛋白  | (定性)                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 赤血球数   | ×10 <sup>4</sup> /μl |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ヘモグロビン   | g/dl                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 白血球数   | /μl                  |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血小板数   | ×10 <sup>4</sup> /μl |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清総蛋白  | g/dl                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清アルブミン  | g/dl                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| BCG法・BCP法・改良型BCP法  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 総コレステロール   | mg/dl                |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血液尿素窒素(BUN)  | mg/dl                |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 血清クレアチニン   | mg/dl                |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| eGFR   | ml/分                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1日尿量   | ml/日                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 内因性クレアチニン・クリアランス   | ml/分                 |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 動脈血(HCO <sub>3</sub> )   | mEq/l                |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 腎生検 無・有 検査年月日(令和 年 月 日)<br>所見  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 人工透析療法   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 人工透析療法の実施の有無 無・有 (血液透析・腹膜透析・血液濾過)  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (2) 人工透析開始日 (令和 年 月 日)   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (3) 人工透析(腹膜透析除く。)実施状況 回数・回/週、1回 時間   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (4) 人工透析導入後の臨床経過   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (5) 長期透析による合併症 無・有<br>所見   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 その他の所見   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (1) 腎移植 無・有 (有の場合は移植年月日(令和 年 月 日))<br>経過   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| (2) その他  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑩ 活動能力の程度(該当するものどれか一つを選んで○で囲んでください。)   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 普通の生活については著しく制限されることがないもの  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 家庭内での普通の生活又は社会での極めて温和な活動には支障がないが、それ以上の活動は著しく制限されるもの  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 家庭内での極めて温和な活動には支障がないが、それ以上の活動は著しく制限されるもの   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 自己の身の辺の日常生活活動を著しく制限されるもの   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑪ 安静を要する程度   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 1 絶対安静   |                      | 5 一定時間内の屋外歩行はよい(1.5時間以内)  |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 2 ベッド上の安静  |                      | 6 健康な人の2分の1程度の労働はよい   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 3 必要時のみ室内歩行(30分以内)   |                      | 7 軽労働はよいが重労働は禁ずる。ただし、休憩時間を多くとる。   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 4 室内歩行はよい(1時間以内)   |                      | 8 疲れない程度の普通の生活  |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| ⑫ 備考   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 上記のとおり、診断します。  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 令和 年 月 日   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 病院又は診療所の名称   |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 所在地  |                      |   |                    |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |
| 診療担当科名   |                      |   | 医師氏名               |                      |      |     |   |   |   |        |     |  |  |  |              |       |  |  |  |     |      |  |  |  |      |                      |  |  |  |        |      |  |  |  |      |     |  |  |  |      |                      |  |  |  |       |      |  |  |  |         |      |  |  |  |                   |  |  |  |  |          |       |  |  |  |             |       |  |  |  |          |       |  |  |  |      |      |  |  |  |      |      |  |  |  |                  |      |  |  |  |                        |       |  |  |  |

◎ 裏面の注意をよく読んでから記入してください。障害者の障害の程度及び障害の認定に無関係な欄は記入する必要がありません。

◎ 字は楷書ではっきりと書いてください。

(裏面)

注 意

- 1 この診断書は、特別障害者手当の受給資格を認定するための資料の一つです。  
この診断書は障害者の障害の状態を証明するために使用されますが、記入事項に不明な点があると認定が遅くなる場合がありますので、詳しく記入してください。
- 2 ○・×で答えられる欄は、該当するものを○で囲んでください。記入しきれない場合は、別に紙片をはり付けてそれに記入してください。
- 3 ⑤の欄は、この診断書を作成するための診断日ではなく障害者が障害の原因となった傷病については初めて医師の診断を受けた日を記入してください。前に他の医師が診断している場合は、障害者本人又はその父母等の申立てによって記入してください。  
また、それが不明な場合には、その旨を記入してください。
- 4 ⑨の欄の「1 臨床所見」の検査成績は、過去3か月間において、症状を最もよく表している検査成績をそれぞれ記入してください。なお、人工透析療法を実施している人の腎機能検査成績は当該療法の導入後であって、毎回の透析実施前の検査成績を記入してください。
- 5 ⑨の欄の「1 臨床所見」の検査成績の「血清アルブミン」については、BCG法、BCP法又は改良型BCP法のいずれかに○を付してください。