

追加検査

尿pH		□ □	
尿比重		□ □ □ □	
遠方両眼	<input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
近方両眼	<input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
50cm両眼	<input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
近方	<input type="checkbox"/> 右未検査 右 <input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
	<input type="checkbox"/> 左未検査 左 <input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
50cm	<input type="checkbox"/> 右未検査 右 <input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
	<input type="checkbox"/> 左未検査 左 <input type="checkbox"/> 矯正 □ □ <input type="checkbox"/> 未満		
可聴力	1000Hz	<input type="checkbox"/> 右未検査 右 □ □ dB <input type="checkbox"/> 超え	
		<input type="checkbox"/> 左未検査 左 □ □ dB <input type="checkbox"/> 超え	
	4000Hz	<input type="checkbox"/> 右未検査 右 □ □ dB <input type="checkbox"/> 超え	
		<input type="checkbox"/> 左未検査 左 □ □ dB <input type="checkbox"/> 超え	
肺活量(VC)		□ □ □ □ mL	
1秒量		□ □ □ □ mL	
握力	利き腕		
	<input type="checkbox"/> 右未検査 右 □ □ □ □ kg	<input type="checkbox"/> 左未検査 左 □ □ □ □ kg	

項目名	項目コード	今回検査値

* 右詰め・小数点も1マス使用

健康診断受診票

- Please do not bend, smear, or cut the consultation ticket as it is processed by machine
- Please read the attached document "For those receiving a health check" and fill out «Question ①» and «Question ②» before your visit

Please fill in the red box with a pencil

記入例 → 該当するものに斜線(はみださない)

→ 1 2 3 4 5 6 7 8 9 0

«Question ①» Please fill in the question information marked (if not marked , it is not necessary to fill in)

For those who can undergo colon cancer screening (fecal occult blood test)

For those who can undergo colon cancer screening (fecal occult blood test) Yes No

Does anyone in your family have colorectal cancer?
 grandparents parents children siblings No
 Yes ()

For those who can undergo gastric cancer screening (barium)

Have you ever had allergic symptoms during a barium test Yes No Don't Know (First time) (hives, difficulty breathing, etc.)

※Unable to undergo gastric cancer screening

Do any of the following apply to ①, ②, ③, and ④ of those who need to be careful during gastric cancer screening in the attached sheet (or on the back)? Yes No

Have you ever had surgery on the esophagus, stomach, duodenum, or large intestine? Yes No

Have you had a stomach cancer screening (barium or gastroscopy) within the past 3 years? Yes No

Have you ever received eradication treatment for Helicobacter pylori in the past? Yes No Don't Know (First time)

Are you currently infected with Helicobacter pylori? Yes No Don't Know (First time)

Gastric cancer risk stratification test (ABC classification) For those who can undergo pepsinogen test

1 Do you have stomach or other digestive symptoms? Yes No

2 Are you undergoing treatment (taking medication) for gastric ulcer, duodenal ulcer, reflux esophagitis, etc.? Yes No

3 Are you taking PPIs (proton pump inhibitors or Takecab) to suppress stomach acid? Yes No

4 Have you ever had gastric surgery (gastrectomy)? Yes No

5 Have you been diagnosed with chronic renal failure?

6 Have you ever received eradication treatment for Helicobacter pylori?

7 Do you have a history of any illness that requires long-term use of antibiotics (pneumonia, otitis media, empyema, etc.)?

8 Have you been diagnosed with immunodeficiency/immunocompromise, or are you taking steroids?

***If you answer "yes" to the above questionnaire, the test cannot be performed because the test cannot be determined correctly.**

<Those who cannot undergo gastric cancer screening (barium)>

- Those who have previously had allergic symptoms during a barium test
- Those who weigh more than 130 kg
- Those whose blood pressure on the day of the test is 180/110mmHg or higher

<Those who need to be careful during gastric cancer screening (barium)>

- ① Endoscopy is recommended for those with the following conditions
- Those who have had intestinal obstruction before
 - Persons with colon disease
 - Those who have had colonic diverticulitis
 - Currently, those who have difficulty eating or are choking
 - Those who have previously had barium accidentally enter their lungs
 - Those who have previously experienced severe constipation (to the point of needing to see a medical institution) after taking barium
 - Persons who require assistance and have difficulty moving according to instructions
- ② If any of the following apply to you, please consult your doctor and undergo a test
- Those who have undergone colon surgery in the past
 - Those who are hospitalized due to an illness that requires fluid restriction or exercise restriction
 - Currently visiting the hospital due to stomach illness
 - Currently hospitalized for heart, kidney, or lung disease
- ③ If you are breastfeeding, please let us know
- The laxatives we usually provide can rarely cause diarrhea in infants, so we will provide you with a special laxative
- ④ For diabetes
- Do not take oral medication or inject insulin before visiting the doctor as this may cause hypoglycemia

肝炎検査

項目名	前回実施日
HCV	

[スタッフ使用欄]

総枚数	尿未検査	大便	呼吸機能	眼圧					
後日	先出	ABC	PG	FVC	VC				
1	A	B	*						

Question ② is inside

【個人情報の取り扱い】当協会は以下の目的で個人情報を利用いたします。
 ・健康診断の契約、事前準備、受付、実施、結果作成、確実な納品および事後処置。
 ・精度管理および公衆衛生向上のための学術的貢献。この目的で個人情報を利用する際は、個人を特定できない対策を講じます。
 ・受診いただく検査項目は、健康診断を依頼される団体等との契約・取り決めに基づき実施いたします。

一般財団法人 石川県予防医学協会
 ISO9001 認証取得・日本総合健康診断医学会優良総合健康施設
 ISO27001 (情報セキュリティマネジメントシステム) 認証取得
 〒920-0365 金沢市神野町東115番地
 TEL(076) 249-7222 (代) FAX (076) 269-4663

«Question 2» Please write in the red frame with a pencil.

Are you taking the following A.B.C medicines? Yes No
a. Medicines that lower blood pressure
b. Blood sugar-lowering drugs or insulin injections
c. Cholesterol and triglyceride drugs
Have you ever been told by a doctor that you had a stroke (cerebral hemorrhage, cerebral infarction, etc.) or received treatment?
Have you ever been told by a doctor that you have a heart disease (angina pectoris, myocardial infarction, arrhythmia, etc.) or received treatment?
Have you been told by a doctor that you have chronic kidney disease or kidney failure, or have you received treatment (such as artificial dialysis)?
Have you ever been told by a doctor that you have anemia (including indications from a medical checkup doctor)?
I have gained more than 10 kg since I was 20 years old
Have been doing light sweat-inducing exercise for at least 30 minutes at a time, at least twice a week for over a year
Walking or doing equivalent physical activity for at least 1 hour a day in daily life
Walking faster than other people of the same age
I am well-rested through sleep
Skipping breakfast three or more times a week
Eating dinner within 2 hours before going to bed 3 or more days a week
I'm trying to be as hungry as possible
I try to eat more vegetables and seaweed
I'm avoiding salt
Do you consume snacks or sweet drinks in addition to the three meals of breakfast, lunch, and dinner?
How fast do you eat compared to other people?
State when chewing food
Do you want to improve your lifestyle habits such as exercise and eating habits?

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State when chewing food
Do you want to improve your lifestyle habits such as exercise and eating habits?

Current occupation (one main thing) Special Operations
1 Production process/labor work
2 Transportation/communications jobs
3 Service job
4 Sales position
5 Clerical job
6 Sales staff
7 Agriculture, forestry and fishery jobs
8 Specialized technical position
9 Management
10 Security job
11 Student/Housewife/Unemployed

Past or Present illness
1 Nothing in particular
3 High blood press
9 Diabetes
8 Dyslipidemia (Abnormalities in Cholesterol and Triglycerides)
4 Stroke
5 Myocardial infarction Angina pectoris
6 Arrhythmia
13 Chronic kidney disease (Nephritis, Nephrosis, etc)
14 Chronic renal failure Artificial dialysis
20 Anemia
2 Cancer Part etc ()
10 Hepatitis
11 Gastric ulcer Duodenal ulcer
12 Other Digestive diseases ()
15 Kidney stones Ureteral stones
17 Pulmonary tuberculosis Pleurisy
18 Asthma
21 Hyperuricemia (including Gout)
22 Thyroid disease
25 Other diseases 1 ()
26 Other diseases 2 ()

Symptoms in the last 3 months
1 Nothing in particular
2 Ringing in my ears
3 Cough and Phlegm
4 Blood Sputum (within 6 months) Seek immediate medical attention
5 Sometimes Headaches or Heaviness
6 Dizziness or Standing Dizziness
7 Chest pain or Feeling of pressure in Chest
8 Pulse may be irregular
9 Palpitations and shortness of breath
10 Back Pain
11 Severe stiff shoulders
12 Pain or discomfort in the Stomach
13 No Appetite
14 Prone to Diarrhoea
15 Frequent difficulty Sleeping
16 Fatigue and Tiredness
17 Other(within 10 characters) ()

Alcohol
Drinking frequency (sake, shochu, beer, Western liquor, etc.)
1 Every day 7 Quit
2 5-6 days 8 I don't drink (I can't drink)
3 3-4 days
4 1-2 days a week
5 1 to 3 days a month
6 Less than 1 day a month
Amount of alcohol consumed per day on drinking days
1 Less than 1 cup
2 Less than 1-2 cup
3 Less than 2-3 cup
4 Less than 3-5 cup
5 5 cup or more
1 cup of Sake (15% alcohol, 180mL)
Beer (5% alcohol, 500mL)
Shochu (25% alcohol, 110mL)
Wine (14% alcohol, 180mL)
Whiskey (43% alcohol, 60mL)
Canned Chu-Hi (5% alcohol, 500mL)
Canned Chu-Hi (7% alcohol, 350mL)

Tobacco (including new cigarettes)
1 Smoking: I have been smoking for the past month
2 Used to Smoke: I haven't smoked in the past month
3 Do not Smoke: *Have smoked for more than 6 months in your lifetime, or have smoked a total of 100 cigarettes (other than 1/2)
Working system
1 Full-time day shift
2 Night shift all the time
3 Shift system (both day shift and night shift)

For those who can undergo chest X-ray/chest CT examination
Did you have a chest X-ray or chest CT scan for your health check last year?
Average working hours per day (last month)
Average number of working days per week (last month)

Personal Information
Personal Number, Group Number, Name, Sex, Birth Date, Residence, Insurance Name, Insurance Number, ID Card Number, Branch, Medical Record Number, Doctor's Name

Physical Examination
Height, Weight, Body Fat, Urine Test, Sedimentation Rate, Hearing, Vision, Color Vision, Blood Pressure, Blood Tests (Hemoglobin, Hematocrit, Hemoglobin Electrophoresis, Hemoglobin F, Hemoglobin A2, Hemoglobin A1c, Hemoglobin A1c, AST, ALT, GPT, ALP, Total Protein, Albumin, Urea Nitrogen, Creatinine)

Special Examination
Blood Sampling, ECG, Abdominal Measurement, Chest Examination, Gastric Examination, Large Intestine Examination, Cough Sputum Examination, Abdominal Examination, Eye Examination, Eye Pressure Examination, Respiratory Function Examination, Pulse Examination, Detailed Health Examination (Anemia, ECG, Blood Pressure, Vision, Creatinine)