

《Medical Checkup》 Appointment details & Special health checkups and Special health-maintenance guidance, and Stomach ABC screening Questionnaire

Health Insurance Code and Number : -	Date of Birth :
Name of Medical Examinee : (Relationship:	Age of March 31, 2021 :

**Appointment details**

Name of Medical Institution	
Date of Appointment for checkup	

Checkup Course, incl. option tests  
 【Basic Courses】 Select one corresponding to your age. ※Some basic courses and some medical institutions require your self-payment (cash or points). In detail, refer to the Contracted Medical Institutions List.

Check	Basic Courses	Eligibility ※Age as of March 31, 2021
	[complete] health checkups (milestone)	35, 40, 45, 50, 55, 60, 65, 70
	[complete] health checkups (milestone) + Upper endoscope	
	[complete] health checkups (milestone) + Stomach x-ray	
	[complete] health checkups	36 or over ※Excluding 40, 45, 50, 55, 60, 65, 70
	[complete] health checkups + Upper endoscope	
	[complete] health checkups + Stomach x-ray	
	[general] health checkups	23-34
	[general] health checkups + Upper endoscope	
	[general] health checkups + Stomach x-ray	

**【Option Examination】**

Check	Option Examination	Self-payment	Eligibility
	Stomach ABC screening (Stomach cancer risk check)	None	First time only
	Breast Cancer	(Only one) None	Female
	Mammography (X-ray)		
	Cervical Cancer	None	
	Prostate Cancer (PSA)	None	Male age 50 or over
	Other ( )		

How to pay the self-payment ※Please select one. ※Some medical institutions cannot be available to either payment.	<input type="checkbox"/> Cash (Pay directly to the medical medical institution on the health checkup day.)
	<input type="checkbox"/> Point ※If you do not have enough points to pay the self-payment, pay the excess portion directly to the medical medical institution on the health checkup day.

Transcript of results ※Please select one.	<input type="checkbox"/> Japanese <input type="checkbox"/> English
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Address (to which the examination kit and results will be sent) ※Please ensure you include the postal code.	
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Telephone number ※There will be direct communication from the Medical Institution. Please designated a day-time telephone number.	
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Method for sending the 'Confirmation Slip for Medical Checkup' ※Please select one and draw a circle in the necessary items.	e-mail ( mail address : )
	Fax ( )
	Post (Will be sent to the above address)

**★ Important ★ Results of Medical Checkup Report**  
 ※Application for medical checkup cannot be made without consent to submit to the Health Insurance Society. 「✓」 must be inserted.  
 I agree to the Medical Institution providing the results of the medical checkup (including repeated checkups) to the Health Insurance Society.

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Name of Medical Examinee : (Relationship:	Age of March 31, 2021 :

**【Special health checkups and Special health-maintenance guidance】 Questionnaire ※Please select appropriate answer.**

1-3	Are you currently taking any medication from 'a' to 'c' ? ※Only the case in taking medication under the guidance of doctor's	
a	Medication to lower your blood pressure	① Yes ② No
b	Medication to lower your blood sugar level, or taking insulin shots	① Yes ② No
c	Medication to lower your cholesterol or neutral fat levels	① Yes ② No
4	Have you ever been diagnosed with a stroke (cerebral hemorrhage, infarction, etc.) by a physician or received treatment for it ?	① Yes ② No
5	Have you ever been diagnosed with heart disease (angina, myocardial infarction, etc.) by a physician or received treatment for it ?	① Yes ② No
6	Have you been diagnosed with chronic kidney disease (CKD) or renal/kidney failure by a physician, or are you receiving medical care for these diseases ?	① Yes ② No
7	Have you ever been diagnosed with anemia by a physician ?	① Yes ② No
8	Do you currently smoke cigarettes on a regular basis ? (* "On a regular basis" refers to "those who have smoked a total of 100 cigarettes or more in their lifetime or those who have smoked for 6 months or more in their lifetime" and have "smoked in the most recent month.")	① Yes ② No
9	Have you gained 10 kg or more since you were 20 years old ?	① Yes ② No
10	Do you work out hard enough that you lightly sweat for more than 30 minutes a session, at least twice a week over a year?	① Yes ② No
11	In your daily life, do you walk or conduct an equivalent physical activity for more than an hour each day?	① Yes ② No
12	Do you walk faster than people of the same sex who are nearly your age ?	① Yes ② No
13	Which situation below best describes your condition when chewing food ?	① You can chew and eat anything. ② There are parts of your teeth, gums and dental occlusion that you are concerned about, and it is difficult to chew. ③ You are largely unable to chew.
14	Do you eat faster than others ?	① Fast ② Normal ③ Slow
15	Do you eat dinner within two hours of going to bed 3 times a week or more ?	① Yes ② No
16	Are you intaking sweets or any food outside of the standard 3-meal breakfast-lunch-dinner?	① Every day ② Sometimes ③ Rarely
17	Do you skip breakfast 3 times a week or more ?	① Yes ② No
18	Frequency of consuming alcohol (sake, shochu, beer, liqueur, etc.)	① Every day ② Sometimes ③ Almost never (or cannot drink)
19	Amount of alcohol consumed per day ※One cup of sake (180ml) is equivalent to: One beer bottle (approx. 500ml); shochu of 25% alcohol (80ml); One shot of double whiskey (60ml); Two glasses of wine (240ml)	① Less than a cup ② 1 to 2 cups ③ 2 to 3 cups ④ 3 cups or more
20	Do you get enough rest from sleeping ?	① Yes ② No
21	Would you like to improve your life habits, such as exercising and diet ?	① I do not intend to improve them. ② I intend to improve them (within 6 months or so). ③ I intend to improve them in the near future (within a month or so), and I am starting to improve them a bit at a time. ④ I have already been working on them (for less than 6 months). ⑤ I have already been working on them (for more than 6 months).
22	If possible, would you like to use an opportunity to receive health guidance on improving your life habits ?	① Yes ② No

**【Stomach ABC screening (Stomach cancer risk check)】 Questionnaire ※Please select appropriate answer.**

1	Have you previously had success in eliminating helicobacter pylori ? • Person who have had success in eliminating the bacteria … Yes • Persons who have not tried to eliminate the bacteria, failed in eliminating the bacteria and do not know the subsequent result … No	① Yes ② No
2	Are you currently taking treatment for the stomach ?	① Yes ② No
3	Have you had any of your stomach cut ?	① Yes ② No
4	Are you taking any medicine to suppress gastric acid ?	① Yes ② No
5	Do you have chronic renal failure ?	① Yes ② No