

Health Insurance Code and Number : -	Age on the last day of the fiscal year (March 31) :
Name of Medical Examinee : (Relationship:)	Date of Birth :

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 on the last day of the fiscal year (March 31)
	[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 Ultrasound (Echo) Mammography (X-ray)	(Only one) None	Female
	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.
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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.	<input type="checkbox"/> e-mail (mail address :)
	<input type="checkbox"/> Fax ()
	<input type="checkbox"/> 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.

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

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Name of Medical Examinee :	(Relationship:)	Date of Birth :

[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