

## 《Medical Checkup》 Stomach ABC screening (Stomach cancer risk check)

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

### Questionnaire ※Please select appropriate answer.

1	Have you previously had success in eliminating helicobacter pylori ? <ul style="list-style-type: none"> <li>• Person who have had success in eliminating the bacteria … Yes</li> <li>• Persons who have not tried to eliminate the bacteria, failed in eliminating the bacteria and do not know the subsequent result … No</li> </ul>	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