Health Checkup Questionnaire	英語 Good example: (Filled	d in) Bad evample: (Thin line)		
How to fill in this questionnaire: Please use an ordinary pencil or	Inechanical	example:]
<u>pencil</u> and write clearly as shown on the right. Please select the options for each of the respective items.	applicable			
History of present illness and medical history	Out in ative assument and	Warls History (91.1)		
I am currently taking medicine	Subjective symptoms	Work History (Only those who are working)		<u>J</u>
Confirmation of the medicine you are taking based on a doctor's diagnosis and treatment	I have no appetite	urrent work structure:		
I am taking medication which lowers my blood pressure	I feel sluggish or tire easily	Regular day shift		
I am taking medication which lowers my blood sugar level or I am using insulin injections	I am often thirsty	Regular night shift		
I am taking medication which lowers my cholesterol or triglycerides			-	<u> </u>
*If you are currently undertaking treatment for (high blood pressure) / (lipid-based conditions) / (diabetes) and are not currently taking medicine, please state that in "Other#2" in "Confirmation of history of present illness	I sweat a lot	Shift system (day shift and night shift)		
and medical history" below.	I have suddenly lost a lot of weight	verage working hours per day (last month):		
Undergoing Treated Configuration of biotomy of propertillness and modified biotomy (s.1./ s.2)	I have a headache	Less than 6 hours		
Confirmation of history of present illness and medical history (*1 / *2)	I have pain behind my eyes	6 hours or more but less than 10 hours		
**1 Please place a check mark in "undergoing treatment" if you are under	I have lost my vision (there are areas I cannot see)	=		
Stroke (cerebral hemorrhage and cerebral infarction, etc.)	I frequently cough or produce phlegm	8 hours or more but less than 10 hours		
Heart disease (angina pectoris, myocardial infarction		10 hours or more		
and arrhythmia, etc.) Chronic renal failure and dialysis	I have blood mixed in with my phlegm	verage working days per week (last month):		
	I have palpitations, shortness of breathe or difficulty in breathing			
Anemia	I have heartburn or indigestion after eating	Less than 3 days		
Fatty liver	I repeatedly have constipation or diarrhea	3 days or more but less than 5 days		
Liver diseases (hepatitis and abnormal liver functions, etc.)	My stools have become thinner	5 days		
Gout	I pass pitch black stools	6 days or more		
Glaucoma				
Cataract		ast work history:		
	I have stiffness in my knuckles in the morning	Work involving the handling of heavy objects		
Pneumonia	I often sleep poorly or wake up repeatedly	Work involving the handling of dust		
Enlargement of the prostate	I feel irritated	Work involving heavy vibrations		
Other ※2 (Please list the name of the disease)	I feel stressed	Work involving the handling of hazardous		
(I feel dizziness or lightheadedness when standing up	Substances Work involving the handling of radiation		
Do you currently smoke regularly?				
No (I do not smoke / I have never Condition 1: I have smoked in the	Other specific questions			
smoked)(Other than conditions 1 and 2) past month	I have gained 10 kg or more in weigh	nt since the age of 20		
Yes (I smoke regularly*3) Condition 2: I have smoked for six months or more during my lifetime or I have smoked a total of 100	I have continued to exercise for 30 minutes or more	a day at least 2 days a week for 1 year or more		
I have smoked in the past, but I have not cigarettes or more during my	I walk or do an equivalent physical activity in	my daily life for one hour or more per day		
smoked in the past month (satisfies condition 2)	I walk faster than those of the same	age and gender as me		
(*3: A "person who currently smokes regularly" is someone	l eat dinner within 2 hours before bed	dtime 3 or more times a week		
who satisfies both condition 1 and condition 2.)	I skip breakfast 3 or more times a w			
Frequency and Amount of Drinking		CON		
Alcohol drinking frequency Amount of alcohol you drink Amount of alcohol you drink - 1 cup of sake	Please select one option for each question			
(Estimated alcohol content: 15 degrees / 180 ml)	l am getting enough rest through sleep			
Less than 1 day a month Less than 180 ml Less than 180 ml degrees / 500 ml)	Which of the following applies to you when	you are showing and acting food?		
1 to 3 days a month Less than 180 ml to 360 ml Shochu (Estimated alcohol content: 25	I can chew anything I find it difficult to chew			L
1 to 2 days a week Less than 360 to 540 ml	How fast do you eat compared to other pe			
3 to 4 days a week Less than 540 ml to 800 ml Whisky	Fast Average	Slow		
(Estimated alcohol content: 43 degrees / 60 ml)	How often do you eat snacks or drink sweet drinks in addition	<u> </u>		
(Estimated alcohol content: 5	Every day Sometimes	Hardly ever		
degrees / approx. 350 ml)	What is the size of one of your meals?			
I don't drink · I don't drink (I can't drink) I have quit drinking I can't drink)		Full stomach		
You do not need to enter the amount of alcohol you drink				
(+if you say you have quit drinking, it means that although you regularly drunk alcohol at least once a month in the past, you have not drunk alcohol in at least the past year)	Do you intend to improve your lifestyle such as through exercis	e or your eating habits? (Please select one option)		
	I do not intend to make improvements			
Yes No About health guidance Have you ever received specific health	I intend to make improvements (roughly v	within 6 months)		
guidance about improving your lifestyle	I intend to make improvements (roughly v	within 1 month)		
before?	I am already working to improve my lifesi			
Yes No For Women				
I am currently menstruating	I am already working to improve my lifes	tyle (SIX Months or more)		
I am pregnant (including suspected pregnancy)	センター職員 記入欄 特保初回実施			
	センダー職員 記入欄 保健指導実施者名			

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ID	
バーコード	
予約番号	
関連番号	

Health Checkup Form

Precautions for the health checkup form:

We will collect this health checkup form on the day of your health checkup. Therefore, please fill it in and then bring it with you. We will scan it in a machine after collecting it, so please take care not to fold or tear it.

Consent for the handling of personal information:

@Please undergo your health checkup upon placing a check mark in the Consent to Handling of Personal Information below.

Upon carefully reading the Protection of Your Personal Information section on the right (reverse side), please place a check mark in one of the boxes below to indicate your consent/non-consent to our purposes of using your personal information.

☐ I consent

☐ I do not consent in part

☐ I do not consent

11Please provide your cooperation by *You will not be able to undergo the health checkup if you do not consent or do not consent in part to the red text on the right. If you belong to a company or organization, please also ask the person in charge of this.

▶ 健診実施時における新型コロナウィルス感染症対策について

R5年5月8日から感染症法上の位置づけが変更されましたが健診機関として厚労省ほか関係省庁の通知、関連学会の基準等 を参考に健診を実施させていただきます。

受診者様におかれましては下記の件についてご理解・ご協力をいただきながら健診をご受診いただきますようお願い申し

- 他の受診者様への配慮等から原則不織布マスクの着用をお願いします。
- ・新型コロナウィルスに感染している方、感染が疑われる症状がある方および感染後、国や県が示す療養期間 が終了していない方は受診を控えて下さい。
- ・37.5度以上の発熱や、咳その他の風邪症状など体調不良がある方も受診を控えて下さい。 ※国や県、関連学会等の方針変更により予告なく取り扱いを変更する場合があります。

© Please sign after confirming the Handling of Personal Information.

Signature:

A cheerful home will continue to protect your health!



Head Office: 2-43 Nishi-machi, Minokamo-shi, Gifu TEL: (0574) 25-2982 Ogaki Branch: Ogaki Health Checkup Plaza, 3-21-9 Oi, Ogaki-shi, Gifu TEL: (0584) 71-9782 Aichi Branch: Sukoyaka Health Checkup Center, 4-108 Komaki, Komaki-shi, Aichi TEL: (0568) 54-2225

Protection of Your Personal Information

We handle your personal information with a complete structure to allow you to undergo your health checkup with peace of mind. We only handle your personal information upon obtaining your consent to do so.

Purpose of Using Your Personal Information

We will use your personal information for the purposes we have listed below. If it becomes necessary to use your personal information for a purpose other than these, please rest assured we will ask for your consent again.

Purpose of Our Center Using Your Information

To perform health checkup work

- ◆ To prepare health checkup forms
- ◆ To process your health checkup results and to notify you of them
- To provide medical services
- ◆ To cooperate with other hospitals/clinics, maternity homes, pharmacies, home nursing stations and nursing care providers
- ◆ To respond to inquiries from other medical institutions
- ◆ To make a request for an opinion or advice from a doctor outside our center to diagnose you
- ◆ To outsource specimen testing work
- ◆ To explain diagnosis results to your family members
- ◆ To use it in other ways to provide medical care to you
- To perform clerical work for physical examination expense bills:
- ◆ To perform clerical work relating to various health checkups, medical checkups and occupational secondary health checkups in our center, and the outsourcing of that work
- To perform the management and operation of this center
- ◆ To perform finance and accounting work
- ◆ To report medical accidents
- ◆ To improve the medical services for you
- ◆ To be used in the management and operation of this center
- To notify the company of the results of the health checkup we perform in response to a commission from that company
- To consult with and make notifications to professional medical organizations and insurance companies in relation to doctor's liability insurance
- © To prepare basic materials for medical services and for the maintenance and improvement of operations
- © To help with medical training performed in our center
- © To provide information to external auditors and external public institutions
- 1. Please inform us if there are any items from the above with which you find it difficult to consent in regards to the provision of information to other medical institutions.
- 2. Please ask at the counter for the document to apply for the disclosure, correction or deletion of your personal information.
- 3. You can withdraw or change your requests at any time later
- 4. We will not provide your personal information without your consent.
- 5. We may outsource your personal information to process your blood or other samples and to interpret your X-rays.
- 6. Providing personal information is voluntary. However, we may not be able to provide, disclose or inform you of accurate health checkup results if you do not consent.
- 7. You may request the notification of use, disclosure, correction, addition, deletion, suspension of use, deletion or suspension of use to third parties of all your personal information we manage. Please ask the Grievances and Inquiries Counter about the handling of your personal information if you have any questions about the details of the various procedures.

*We have disclosed the personal information protection policy of the Gifu Health Care Center Personal Information Protection Management System by posting it in the health checkup venue/clinic and by publishing it on our website.

Gifu Health Care Center

Personal Information Protection Manager: Akira Yamada Grievance and Inquiry Counter Supervisor: Hideki Takahashi Counter: 0574-25-2982 (Option No. 4)