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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

†Please provide your cooperation by placing a check mark (☑) here. *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イ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上げます。

- ・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。
 - ・新型コロナウイ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

Ogaki Branch: Ogaki Health Checkup Plaza, 3-21-9 Oi, Ogaki-shi, Gifu

Aichi Branch: Sukoyaka Health Checkup Center, 4-108 Komaki, Komaki-shi, Aichi

TEL: (0574) 25-2982

TEL: (0584) 71-9782

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.