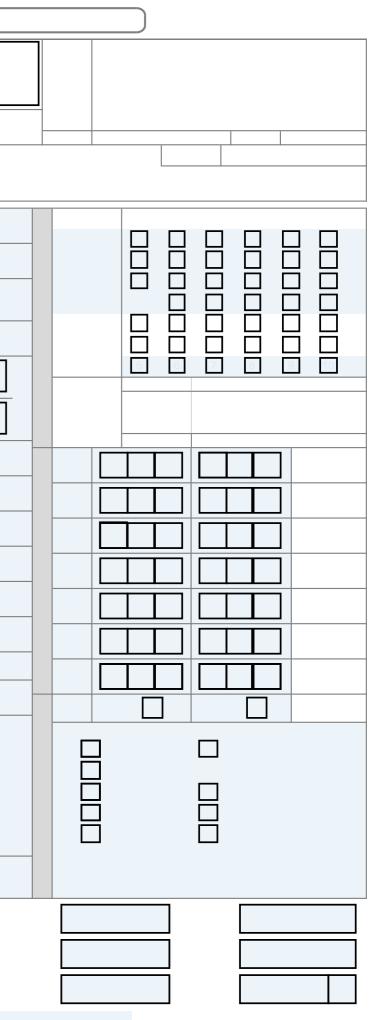
	Health Checkup Questionnaire	英語		
<pre>sets or the Carlor Version Prove Prov</pre>		Good		
<pre>status during unset autor unset during unset autor unset during u</pre>				
Image: control with spectra inductions and the spectra inductions and t	options for each of the respective items.			<u></u>
w were shown is not ware in the intervent with the intervent is not ware intervent intervent intervent is not ware intervent is not ware interv		Subjective symptoms	Work History (Only those who are working)	
<pre>in a this mendulum and table uses on the log parts of the mendulum and the log parts of the mendulum an</pre>			Current work structure	I
<pre></pre>	I am taking medication which lowers my blood pressure			
<pre>     transponder versite versite</pre>				
<pre>bit decision and a set of the set of th</pre>		I am often thirsty	Regular night shift	
<pre>set worksome wor</pre>		I sweat a lot	Shift system (day shift and night shift)	
Virtual for the second sec	are not currently taking medicine, please state that in Other+2 in Confirmation of history of present illness and medical history" below.	I have suddenly lost a lot of weight	Average working hours per day (last month):	
<pre>v meter with star star with sta</pre>	Undergoing Treated	I have a headache	Less than 6 hours	
<pre>n</pre>	(On medication) previously	I have pain behind my eyes		
Breleventure and mainter and dialysis   Breleventure and haiter and dialysis   Chronic read finitize and dialysis   Breleventure diversity size and the finitize and dialysis <t< td=""><td>*1 Please place a check mark in "undergoing treatment" if you are under</td><td>I have lost my vision (there are areas I cannot see)</td><td></td><td></td></t<>	*1 Please place a check mark in "undergoing treatment" if you are under	I have lost my vision (there are areas I cannot see)		
Image: Second Secon		I frequently cough or produce phlegm		
<pre>     Aremia     tor second (or grade as assess to the functions, or grade</pre>		I have blood mixed in with my phlegm		
Anertili   Control cancel low and asseminative functions of the proclama   Control    Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control   Control <	Chronic renal failure and dialysis		Average working days per week (last month):	
<pre>cvc description gradient large control co</pre>	Anemia		Less than 3 days	
Head bills   Head bills <td>Liver diseases (Fatty liver and abnormal liver functions, etc.)</td> <td></td> <td>3 days or more but less than 5 days</td> <td></td>	Liver diseases (Fatty liver and abnormal liver functions, etc.)		3 days or more but less than 5 days	
Image: Solution of the product	Hepatitis		5 days	
Class club black block   Class club   Class cl				
Cataract   Preturnonia   Enlargement of the prostate   Obter M2 (Phese that he name of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly?   Intel solution (1) account of the disease   (*)   Dr you correctly made regularly				
Preumonia   Image: Decimania Image: Decimania   Im		I pass urine poorly	Past work history:	
Index segrege provide and a grege provide and grege provide and grege provide and g		I have stiffness in my knuckles in the morning	Work involving the handling of heavy objects	
<ul> <li>Cherry &amp; 2 (Prease list the norme of the dataset         <ul> <li>( )</li> <li>( )<!--</td--><td></td><td>I often sleep poorly or wake up repeatedly</td><td>Work involving the handling of dust</td><td></td></li></ul></li></ul>		I often sleep poorly or wake up repeatedly	Work involving the handling of dust	
<pre>( ) let stressed in stressed in statutes:</pre>		I feel irritated	Work involving heavy vibrations	
Drew currently smoke regularly   I wild work status // wild work wild wild work wild wo	Other %2 (Please list the name of the disease	I feel stressed		
<pre>b d as united. If and the accession is a service for 30 multises are des for 30 multis are des for 30 multis are des for 40 multises are des for</pre>	( )	I feel dizziness or lightheadedness when standing up	Work involving the handling of radiation	
individuality into a status in the status into a status		Other specific questions		
Yes () since we have be proved but in we have base to have a long or more starting a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event which takelies or were a long and a least 2 days a week for 1 year or more in wheek is the event wheek is the ev			weight since the age of 20	
International and a total at the state is a set where a data is a set of the same age and gender as me   (c): A. Person who currently shokes regulation at condition 2.   Frequency and Amount of Drinking   Mod dring frequency   Mod dring frequency   (c): A. A person who currently shokes regulation at a set of the same age and gender as me   (c): A. A person who currently shokes regulation at condition 2.   Frequency and Amount of Drinking   Mod dring frequency   (c): A drink and drink drink dring frequency   (c): A drink and dring frequency   (c): A drink and drink dri	Yes (I smoke regularly *3)	I have continued to exercise for 30 minutes	or more a day at least 2 days a week for 1 year or more	
Working the page at work (starktace code:         If the time         (4): A "person who currently anokes regulary." Is someone         more starktace both confliction 1.2.          Frequency and Amount of Dirition 1 and confliction 2.          Frequency and Amount of Dirition 1         (as the first does a regulary in the regulary in the does a regulary in the regu	or I have smoked a total of 100	I walk or do an equivalent physical ac	tivity in my daily life for one hour or more per day	
4:3: A "person who ourrently snokes regulary" is someone in statisfies both condition 1 and condition 2		I walk faster than those of the	same age and gender as me	
who satisfies both condition 1 and condition 2.)   Frequency and Amount of Drinking Accid energe frequency And of stated of more frequency Accid energe frequency </td <td>(*3: A "person who currently smakes regularly" is someone</td> <td></td> <td></td> <td></td>	(*3: A "person who currently smakes regularly" is someone			
Frequency and Amount of Dinking         Auchd diwling fragency       Auend diwling fragency         Auend diwling fragency       Auend diwling fragency         Biol dirac auend       Auend diwling fragency         Auend diwling fragency       Auend diwling fragency         Biol dirac auend       Auend diwling fragency         Biol dirac auend       Auend diwling fragency         Biol dirac auend       Auend diwling fragency <td></td> <td></td> <td></td> <td></td>				
Auchd dirking fregming America di adda guide   Auchd dirking fregming America di adda guide   In di adda guide In adda guide   In adda guide </td <td>Frequency and Amount of Drinking</td> <td></td> <td></td> <td></td>	Frequency and Amount of Drinking			
with the stamp   with	Alcohol drinking frequency Amount of alcohol you drink -1 cup of sake			
Which of the following applies to you when you are chewing and eating food?   1 to 3 days area   1 to 2 days area   3 to 4 days area   1 to 2 days area   3 to 4 days area   1 to 3 to 6 days area   3 to 4 days area   1 to any end to share   1 to any end to the fore <t< td=""><td>degrees / 180 ml)</td><td></td><td>5P</td><td></td></t<>	degrees / 180 ml)		5P	
1 10 2 dyrs a welk     1 10 0 dyrs a welk     1 10 0 dyrs a welk <td>Less that roo in (Estimated alcohol content: 5 degrees / 500 ml)</td> <td></td> <td>when you are chewing and eating food?</td> <td></td>	Less that roo in (Estimated alcohol content: 5 degrees / 500 ml)		when you are chewing and eating food?	
In the dust is well as the dust well as the dust is well as the dust is wel	(Estimated alcohol content: 25	I can chew anything	ult to thew food I hardly ever chew my food	
Image: Stole days a week BOO mil or more   Every day   I don't drink () end't drink   I don't drink () end trink   I don't drink () end't drink   I don't drink () end trink   Yes No   Kor For Women   I intend to make improvements (roughly within 1 month)   I am already working to improve my lifestyle (less than six months)   I am already working to improve my lifestyle (six months or more)	Less than 360 to 540 ml •Wine (Estimated alcohol content: 14 degraes / approx. 180 ml)			
What is the size of one of your meals?   Yes   Yes   Yes   No   For Women   I am currently menstruating	(Estimated alcohol content: 43			
<ul> <li>L don't drink () can't drink () can't drink () () () () () () () () () () () () ()</li></ul>	800 ml or more Chuhai can (Estimated alcohol content: 5			
I don't drink	Every day degrees / approx. 500 ml and 7 degrees / approx. 350 ml)			
Vou do not need to enter the   I have quit driking, it means that although you regularly druk alcohol at least   (eff you say you have quit driking, it means that although you regularly druk alcohol at least   Ves No   Have you ever received specific health   guidance about improving your lifestyle   before?  Yes No For Women <ul> <li>I am currently menstruating </li> <li>I am already working to improve my lifestyle (less than six months) </li> <li>I am already working to improve my lifestyle (six months or more)</li></ul>	-I have quit drinking			
Yes No   Have you ever received specific health guidance   Have you ever received specific health guidance about improving your lifestyle   I intend to make improvements (roughly within 6 months)   I intend to make improvements (roughly within 1 month)   I am currently menstruating	You do not need to enter the amount of alcohol you drink			
Yes No   Have you ever received specific health guidance   Have you ever received specific health guidance about improving your lifestyle   I intend to make improvements (roughly within 6 months)   I intend to make improvements (roughly within 1 month)   I am currently menstruating	(*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	exercise or your eating habits? (Please select one option)	
Have you ever received specific health guidance about improving your lifestyle before?     Yes   No   For Women   I am currently menstruating     I am already working to improve my lifestyle (less than six months)   I am already working to improve my lifestyle (six months or more)	Yes No About health guidance	I do not intend to make improvement	ents	
Ves       No       For Women         I am currently menstruating       I am already working to improve my lifestyle (less than six months)	Have you ever received specific health	I intend to make improvements (ro	ughly within 6 months)	
Image: Index inde		I intend to make improvements (ro	ughly within 1 month)	
	Yes No For Women	I am already working to improve m	y lifestyle (less than six months)	
	I am currently menstruating	I am already working to improve m	y lifestyle (six months or more)	
L     L<		生 生 生 生 生 生 生 生 生 生 生 生 生 生 生 生 生 生 生		
	i am pregnant (including suspected pregnancy)	センター職員 記入欄 保健指導実施者:	g Lui	_
		:		_



ID       バーコード       予約番号       関連番号			
予約番号		ID	
		バーコード	
関連番号		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

placing a check mark () here.

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 上げます。

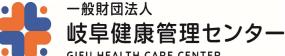
- ・他の受診者様への配慮等から原則不織布マスクの着用をお願いします。
- ・新型コロナウィルスに感染している方、感染が疑われる症状がある方および感染後、国や県が示す療養期間 が終了していない方は受診を控えて下さい。

 ・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!



GIFU HEALTH CARE CENTER

Head Office: 2-43 Nishi-machi, Minokamo-shi, Gifu Ogaki Branch: Ogaki Health Checkup Plaza, 3-21-9 Oi, Ogaki-shi, Gifu Sukoyaka Health Checkup Center, 4-108 Komaki, Komaki-shi, Aichi Aichi Branch:

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

- To perform health checkup work
- To prepare health checkup forms
- To process your health checkup results and to notify you of them
- O To provide medical services
   A
- ◆ To cooperate with other hospitals/clinics, maternity homes, pharmacies, h
- To respond to inquiries from other medical institutions
- To make a request for an opinion or advice from a doctor outside our cer
- 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 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

- O To notify the company of the results of the health checkup we perform in results. To consult with and make notifications to professional medical organization
   in the second secon
- © To prepare basic materials for medical services and for the maintenance and
- © 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.

英語

Your Information***	
nome nursing stations and nursing care	providers
ter to diagnose you	
ckups and occupational secondary hea	Ith checkups in our center,
sponse to a commission from that com	oanv
s and insurance companies in relation t	•
nd improvement of operations	
	/

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