Note: This form is folded in half with carbon copy. Writing on the top sheet will be copied to the sheet below. Please bring this form if you wish to receive Specific Health Guidance.

Specific Health Checkup Form (ages 40-74), City of Setagaya, FY 20XX

	Insurer number			0	0	1	3	8	1	2	3		
	Symbols	6	1	2	-			Nun	nber		 	1	
Health Checkup Vouc Reference Number					1	0	0					1	
Setagaya-ku Address													
Furigana									_				
Name											Gender	1. Ma 2. Fe	
*Tel: ()							4						
Date o	of birth	Year Month Day					Age (ag		of che	ckup)			
Date	of checkup		Year					Mon	th	[Day		

Personal Copy

or until the day before your 75th birthday.

* Checkup must be done by March 31, 20XX+1.

S	Specific Health	VEO	2
	Checkup	¥50	J
at selected medical institutions)	Lung cancer screening	¥10i to apply not to a *¥600 if a sputum cytology test the chest X-ray (only if authoriz	pply is conducted in addition to
ed medica	Colon cancer screening	¥20 □ to apply □ not to a	-
ailable at selecte	Stomach cancer risk (ABC) screening	¥800 Eligibility: Those aged 40, 45, 50, 60 or 70 as of March 31, XXXX *For those who have never had this test before	If you wish to be screened, please inquire
ings, etc. (ava	Hepatitis B/C screening	Free Eligibility: For those who have never had this test before	to Setagaya Cancer Screening Reception Center (Tel: 03-6265-7573, Fax: 03-6265-7559).
Cancer screenings, etc. (available	Prostate cancer screening	¥600 Eligibility: Men aged 60 or over as of March 31, XXXX *For those who have never had this test before	*No application needed if your medical screening form is enclosed.

If you fill in the phone number field, we can inform you by flyer and text about health services (health checkups, health guidance, etc.) and nursing care services (optional).

Mark the corresponding number in the answer with a circle. -

	Ougation:	A			
	Question	Answer			
1.	Are you currently taking medication to reduce your blood pressure?	1. Yes 2. No			
2.	Are you currently taking medication or insulin injections to lower your blood glucose?	1. Yes 2. No			
3.	Are you currently using medication to lower your cholesterol or triglycerides?	1. Yes 2. No			
4.	Have you ever been diagnosed with or received treatment for stroke (brain bleed, cerebral infarction, etc.)?	1. Yes 2. No			
5.	Have you ever been diagnosed with or received treatment for heart disease (angina, myocardial infarction, etc.)?	1. Yes 2. No			
6.	Have you ever been diagnosed with or received treatment for chronic kidney disease or kidney failure (including dialysis)?	1. Yes 2. No			
7.	Have you ever been diagnosed with anemia?	1. Yes 2. No			
8.	Are you a "regular smoker"? *A "regular smoker" is defined as someone who meets both of these conditions: Condition 1: Has smoked within the past month Condition 2: Has smoked for over 6 months total or	Yes (meeting both conditions 1 and 2) Previously smoked but not in the past month (meeting)			
	more than 100 cigarettes over lifetime	condition 2 only)			
	If you are considering quitting, please check this box:	3. No (neither 1 nor 2)			
9.	Have you put on more than 10kg since the age of 20?	1. Yes 2. No			
10.	Do you partake in exercise that causes a light sweat for at least 30 minutes, twice a week or more, for a year or more?	1. Yes 2. No			
11.	Do you walk daily or do some other equivalent exercise for at least one hour a day?	1. Yes 2. No			
12.	Do you walk faster than others of the same age and gender?	1. Yes 2. No			
13.	How would you describe your ability to chew food?	I can chew and eat anything. I have some difficulty chewing due to problems with teeth, gums, or bite alignment. I can hardly chew.			

Question	Answer
How would you rate your eating speed compared to others?	Fast Normal Slow
15. Do you eat dinner within 2 hours of bedtime 3 times a week or more?	1. Yes 2. No
Do you snack or drink sweet beverages outside of the 3 meals of the day?	Every day Sometimes Hardly at all
Do you skip breakfast 3 times a week or more?	1. Yes 2. No
18. How often do you drink alcohol (sake, shochu, beer, spirits, etc.)? (* "Given up": those who previously drank regularly (at least once a month) but have not drunken alcohol for at least the past year)	1. Daily 2. 5-6 days/week 3. 3-4 days/week 4. 1-2 days/week 5. 1-3 days/month 6. Less than once/month 7. Given up 8. Do not drink (cannot drink)
19. Average alcohol consumption per drinking day Rough guide: cup (1 serve) of sake = 15% alcohol, 180ml Beer (5%, 500ml) Shochu (25%, 110ml) Wine (14%, 180ml) Whiskey (43%, 60ml) Canned chu-hi (5%, 500ml or 7%, 350ml)	1. Under 1 serve 2. 1-2 serves 3. 2-3 serves 4. 3-5 serves 5. 5+ serves
20. Do you get adequate restful sleep?	1. Yes 2. No
21. Are you interested in improving your exercise and diet?	Yes (within 6 months) Yes (soon) Have already done so (< 6 months) Have already done so (≧ 6 months)
Have you previously received Specific Health Guidance regarding lifestyle improvements?	1. Yes 2. No

Health checkup results

Heig	ht	. cm	BMI=	*Coo for	•	kg/r		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Weig	jht	. kg		rsonal copy) l: BMI ≥25.0)				
Waist	t mference	. cm	[1.Actual m					Self-reported】 cm, F: ≥90cm)
Blood	Systolic		mmHg			: ≧130mmHG hold: ≧140mmF	łG	☐ First time
Blo	Diastolic		mmHg	_ ~		: ≧85mmHG hold: ≧90mmH	G .	☐ Second time ☐ Other
<u>_</u> _	1. To be noted 2. None of note							
Medical history	1. Hypertension 2. Liver disease 3. Cardiovascular disease 4. Anemia 5. Kidney disease 6. Diabetes 7. Dyslipidemia 8. Hyperuricemia 9. Lung disease 10. Cerebrovascular disease 11. Other ()							mia
	1. To be	noted	2. N	one of not	е			
Subjective symptoms	3. Arrhytl 6. Worke 8. Blood	oressure/disconmia (irregular d in a dusty e in sputum 9 ness/vertigo o er (heartbeat) nvironment . Frequent co	4. Swelling 7. Discomoughing, ph	g in face, fort at ba nlegm	limbs 5. T	hirs	t
tive	1. To be	noted	2. N	one of not	е			
Objective symptoms								
.8	Pr	otein	1. —	2. ±	3. +	4. ++	5.	+++
Urinalysis	Glı	ucose	1. —	2. ±	3. +	4. ++	5.	+++
Ş	Occu	ılt blood	1. —	2. ±	3. +	4. ++	5.	+++

Blood to basic h	est ealth checkup tests)	Thres	holds		
•	Tests	Health guidance	Medical consultation	Test re	sults
Triglycer-	Fasting (≥10h after eating)	≥150	≥300		mg/d{
ides	Non-fasting (<10h of eating)	≥175	≥300		mg/d
HDL cholesterol		<40			mg/d
LDL cho	plesterol	≥120	≥140		mg/d
AST (GC	OT)	≥31	≥51		U/ℓ
ALT (GP	T)	≥31	≥51		U/ℓ
γ -GT (γ -GTP)	≥51	≥101		U/ℓ
Blood	Fasting (≥10h after eating)	≥100	≥126		mg/d
glucose	Non-fasting (<10h of eating)				mg/d
Hemoglobin A1c		≥5.6	≥6.5		%

Anemia test

(detailed health t	ests)	Thres	Thresholds						
Tests	Tests Standard value		Medical consultation	Te	est resu	ılts			
Red blood cell count	M: 410-580 F: 380-480					10⁴/µL			
Hemoglobin		M: <13.0 F: <12.0	M: <12.0 F: <11.0			g/dl			
Hematocrit	M: 36-50 F: 34-45					%			
Reason for testing	Doctor's dis History of a		ected anemia o	bserved					

Serum creatinine test

(detailed health t	ests)	Thres				
Tests	Standard value	Health guidance	Medical consultation	Test re	esults	,
Creatinine	M: 0.60-1.10 F: 0.40-0.80					mg/dl
eGFR		<60	<45			ml/min/ 1.73m²
Reason for testing	1. Doctor's dis	scretion				

Metabolic syndrome assessment

Criteria met 2. Pre-metabolic 3. Not applicable 4. Indeterminate
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Blood test (other health tests)

Tests	Standard value	Test results
Total cholesterol	130-220	mg/dl
ALP	38-113	U/ℓ
LD (LDH)	120-245	IU/ℓ
Uric acid	M: 3-7 F: 2-6	. mg/dl
Urea nitrogen	8.0-23.0	. mg/dl
Total protein	6.7-8.3	. g/dl
Albumin	3.8-5.3	. g/dl
White blood cell count	3500-9000	/mm³
Platelet count	13.0-36.9	. 10⁴/µL

To:	Facility	name			
Ple	ase provi	de 1.	Ophthalmoscopy	2. Lung cancer	r screening.
Referrin	g doctor				Number of referral facility
Referra	al date				

	Conduc	ting facility	i. Owirios	oitai	2. nt	516116	מו ווע	spitai
Funduscopic examination	Intraocular pressure	Right	mmHg	Left				mmHg
	Scheie's	H-type (hyperte	0	1	2	3	4	
	classification	S-type (atheros	0	1	2	3	4	
	Findings (including suspicions)	1. Diabetic cha 3. White dots 5. Optic disc cu 6. Other ()			calculation 399 points	
	Reason for testing	1. Doctor's dis						

ECG		dings (Mark the corresponding number ne findings below with a circle.) 2. No findings	
	Findings (including suspicions)	Abnormal Q wave 2. Left ventricular hypertrophy ST changes 4. T wave changes 5. WPW syndrome Right bundle branch block Supraventricular premature contraction Premature ventricular contraction Supraventricular tachycardia Other ()
	Reaso	n for 1 Doctor's discretion 2 Suspected arrythmia at interview	etc

ay	Front		1. No Find	ings	2. Findings	5	☐ Digital	
		Findings					□Analog (Large	
	Chest X-ray	<u>e</u>		1. No Find	ings	2. Findings	3	format) *Side X-ray only
Che	Side	Findings					for lung cancer screening	
		Lun	g cancer s		1. No furth (Note:	er screening	2. Further so	reening required

Visit	1.	Doctor only	2. With nurse	
	Sputum smear test	1. Negative	2. Positive (Gaffky:)

OFinal Assessment

1. Normal	1. Normal 2. Guidance required 3. Treatment						
Disease (including suspicions)		Guidance required	Disease (including suspicions)	1	Guidance required		
Hypertension	1	2	Lung disease	1	2		
Hyperuricemia	1	2	Heart disease	1	2		
Anemia	1	2	Kidney disease	1	2		
Liver disease	1	2	Dyslipidemia	1	2		
Diabetes	1	2	Cerebrovascular disease	1	2		
Other (1	2					
Other (1	2					
Other ()	1	2		
Notes							

Facility ID:	1	3	1							
althcare facility name										

Address

Tel:



- Our Guide to understanding your final assessment
- 1. If your result is "Normal," it means that no abnormalities were detected. This does not guarantee future health. If you experience any symptoms, consult a physician promptly. Continue regular health checkups.
- 2. If your result is "Guidance required," it means that you need to continue to be observed or retested at a healthcare facility due to one of the following: an unclear diagnosis resulting from your tests, findings that are difficult to classify as normal or abnormal, or abnormalities that may appear as a result of your physical condition during testing, even though you are healthy.
- 3. If your result is "Treatment required," it means that you will need to promptly undergo medical treatment. If you are currently in treatment, it is important that you continue to follow the guidance of your lead physician.

O Guide to understanding your test results Fold along the dotted line on the left to align and view your test results.

Purpose & Meaning Protein Mountain fold line Screens for diabetes, kidney and urinary system Glucose Occult blood Triglycerides Elevated levels indicate increased risk of lifestyle diseases. HDL cholesterol Low levels indicate increased risk of atherosclerosis. LDL cholesterol Elevated levels indicate increased risk of atherosclerosis. AST (GOT) Elevated levels may indicate liver disease. ALT (GPT) Elevated levels may indicate alcoholic hepatitis, etc. $\gamma - GT(\gamma - GTP)$ Blood glucose Elevated levels may indicate diabetes. Hemoglobin A1c Red blood cell count Hemoglobin Low levels may indicate anemia. Hematocrit Creatinin Elevated levels may indicate kidney disease. eGFR Low levels may indicate kidney disease. Total cholestero Elevated levels indicate increased risk of atherosclerosis. ALP (alkaline Elevated levels may indicate liver disease. phosphatase) LD (LDH) (lactate Elevated levels may indicate disease of the heart or liver. dehydrogenase) Uric acid Elevated levels may indicate gout. Urea nitrogen Elevated levels may indicate kidney disease. Total protein Low levels may indicate renal dysfunction, malnutrition, or hepatic dysfunction. Albumin White blood cell count Check for any blood disorder. Low levels indicate increased bleeding risk. Platelet count Funduscopic Check for progression of arteriosclerosis or diabetes. examination

Check heart condition, arrhythmia, etc.

Check for tuberculosis, etc.

Mountain fold line About Body Mass Index

ECG

Chest X-ray

Formula: BMI = body weight (kg) ÷height (m)² Threshold: BMI ≥ 25.0 is obese

Home visit Sputum Test | Check for TB bacillus in sputum.

Inquiries about Specific Health Checkups Specific Health Checkup Section, National Health Insurance and National Pension Division, Public Health and Welfare Policy Department, City of Setagaya

> Tel: 5432-2936 Fax: 5432-3005

^{*} Measurements can be affected by age, sex and food intake. Standard values may also vary according to differences in measurement methods, and between individuals. Please use the standard values as a guide only. These test results alone are insufficient to make a diagnosis, so please listen carefully to the instructions of the doctor.