

For insured women (employee, special retirement and extended coverage) of Fujitsu Health Insurance
 * Extended coverage limited to 30 and up (as of April 1, 2024)
 * Until the day before one's 75th birthday

Fujitsu Health Insurance Society 2024 Edition

Health Checkup Request Form (Gynecological checkup for insured persons)

Please be sure to read this form.
You may receive one free health checkup during the fiscal year (from April 1 to March 31 of the following year).

* Please note that a second examination of the same type will be at your own expense.

Flow from appointment and examination to receipt of results	(1) Appointment	<ul style="list-style-type: none"> Please apply by calling the health center of your choice from among the enclosed "List of Contracted Health Centers." When making an appointment, be sure to tell them it is for a "<u>Fujitsu Health Insurance Society Free Gynecological Checkup.</u>"
	(2) Preparation	<ul style="list-style-type: none"> The health center may send you a health checkup kit or other materials. If you have any questions, please ask the health center. Please prepare according to the health center's guidance.
	(3) Examination	<ul style="list-style-type: none"> Please undergo a checkup on the day of your appointment. (In the unlikely event that you are unable to do so, be sure to contact the health center.) Please bring your Health Insurance Card and this Health Checkup Request Form. <p>If additional tests other than those listed among the "Examination Items" on the reverse side are performed, you will be required to bear the additional costs. There is no Fujitsu Health Insurance subsidy for such costs. If you wish to undergo additional tests, please check with the health center regarding the amount you will be required to pay and the payment method.</p>
	(4) Receipt of result notification	<ul style="list-style-type: none"> You will receive a notice of the results of the health checkup from the health center at a later date. If the results indicate that you should undergo a full examination, be sure to do so at a medical institution. <p>* Such further examinations and treatment are covered by insurance.</p>

Form to Be Completed by the Examinee

Please complete the form in this frame and submit it to the health center on the day of the checkup.

Date of Checkup	(YYYY/MM/DD) / /															
Type of Checkup Please check the appropriate box (☑).	Breast cancer screening						<input type="checkbox"/> Breast cancer screening + Cervical cancer screening (Breast cancer screening items: <input type="checkbox"/> Mammography <input type="checkbox"/> Breast ultrasound (echography))									
	Mammography or breast ultrasound(echography)															
	Cervical cancer screening						<input type="checkbox"/> Breast cancer screening only (Breast cancer screening items: <input type="checkbox"/> Mammography <input type="checkbox"/> Breast ultrasound (echography)) <input type="checkbox"/> Cervical cancer screening only									
	Cervical cytology (physician-collected)															
Examinee	Health insurance card code				Health insurance card number								<Requirements for Health Checkups> (1) Must be an insured person (employee, special retirement and extended coverage) of Fujitsu Health Insurance as of the date of the examination. (2) Must be examined by the day before one's 75th birthday.			
	Name Please enter the name on your health insurance card .						Date of Birth (YYYY/MM/DD)									
													/ / () years old			
Address and Contact Information																
(〒 -)																
(Contact Phone No. - -)																

* Personal information collected using this form will not be used for any purpose other than to implement Fujitsu Health Insurance Society's health services. The information will be properly managed in accordance with the Personal Information Protection Law.

* Fujitsu Health Insurance Society health checkup business is entrusted to Best Life Promotion, a wholly owned group company of Fujitsu.

Do not think you are fine merely because you underwent an annual health checkup; if you have noticed symptoms of concern, we recommend seeking a medical consultation as soon as possible.

[Gynecological checkup for insured persons]

Examination Item	Details of Examination		
Age requirement	Insured Person (Employee)	Special Retirement (Insured Person)	Extended Coverage (Insured Person)
	All women	All women	For 30 and up (As of April 1, 2024)
Breast cancer	<p>Breast examination</p> <p>Palpation will be conducted upon the examinee's request. However, depending on the contract with the health center, it may not be performed.</p>		
	<p>Mammography or breast ultrasound (echography)</p> <p>In principle, only one of these two examinations will be conducted. If you wish to have both examinations, please contact the health center directly. It is possible to undergo both examinations (although some health centers cannot accommodate this), but the cost of one of the two examinations must be covered by the examinee. Please note that some health centers may only provide mammography or breast ultrasound (echography).</p>		
Cervical cancer	Cervical cytology (physician-collected)		