Health Checkup Request Form (Spousal Health Checkup)

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	 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 "Fujitsu Health Insurance Society Free Spousal Health Checkup." 			
	(2) Preparation	 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	 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. 			
		For those who are unable to undergo the "Gastric X-ray test": Those who have allergic symptoms to barium or who have been previously diagnosed with intestinal obstruction or diverticulitis of the colon may request an "examination by gastroscopy" at the contracted health center. However, please contact the contracted health center to confirm whether such an examination is available and how to proceed with said examination. Any costs incurred for changes or additions are to be covered by the examinee.			
		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.			
	(4) Receipt of result notification	 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. * Such further examinations and treatment are covered by insurance. 			

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)	/	/				
	Lifestyle-related diseases (including cancer screenings)		Lifestyle-related disease checkup 39 and under (including lung cancer screening) 40 and up (including lung, colon and stomach cancer screenings)				
	Breast cancer screening		 Breast cancer screening + Cervical cancer screening (Breast cancer screening items: Mammography Breast ultrasound (echography)) 				
Type of Checkup Please check the appropriate	Mammography or breast ultrasound (echography)						
box (☑).	Cervical cancer screenir			Breast cancer screening only			
	Cervical cytology (phys	ician-collected)	 (Breast cancer screening items: Mammography Breast ultrasound (echography)) Cervical cancer screening only 				
	Health insurance card code Health insura		rance card number <pre><requirements checkups="" for="" health=""> (1) Must be a dependent of Fujitsu Health In</requirements></pre>				
					spouses as of the date of the examination.(2) Must be examined by the day before one's birthday.		nation.
	Name		Date of Birth				
Examinee				(YYYY/MM/	/DD)	/	
						() years old
	Address and Contact Information						
	(〒 -)					
				(Co	ontact 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.

Fujitsu Health Insurance Society / Service provided by Best Life Promotion

[Spousal Health Checkup (Dependent)]

Examination Item		ation Item	Details of Examination	39 and Under	40 and Up	
Lifestyle-related Disease Checkup	Medical examination		Physician examination, subjective symptoms, other symptoms,	0	0	
			medical history (medication and smoking history)	0		
	Measurement		Height, weight, BMI, blood pressure, visual acuity	0	0	
			Abdominal circumference	△ Implemented at some centers	Ο	
			Hearing (1,000 Hz, 4,000 Hz)	-	0	
	Urinalysis		Proteins, sugars, sediment	0	0	
	Blood test	General blood	White blood cell count, platelet count	0	0	
		Anemia	Red blood cell count, hemoglobin level, hematocrit	0	0	
ease		Liver	AST (GOT), ALT (GPT), γ-GTP	0	0	
Che		function	Total protein, total bilirubin	_	0	
ckup		Lipids	Triglycerides, HDL cholesterol, LDL cholesterol, total cholesterol	0	0	
		Glucose metabolism	Fasting blood glucose or HbA1c (whichever is performed) ^{*1}	0	0	
		Kidney function	eGFR, serum creatinine	_	0	
		Uric acid	Uric acid	0	0	
	Physiology		Electrocardiogram	-	0	
Cancer Screenings	Lung cancer		Chest X-ray test	0	0	
	Colon cancer		Fecal occult blood test	-	0	
	Stomach cancer		Gastric X-ray (barium) test * Note on barium tests: After the test, barium may harden in the intestine, causing an intestinal obstruction (ileus). After the examination, please follow the health center's instructions to ensure the smooth evacuation of the barium. In addition, if you are undergoing treatment for a gastrointestinal disorder, have ever received treatment for a gastrointestinal disorder, or have ever experienced allergic symptoms attributable to barium, be sure to inform the health center at the time of your appointment.	_	0	

Examination Item		Details of Examination	All Ages	
Gynecological Checkup	Breast cancer	Breast examination Palpation will be conducted upon the examinee's request. However, depending on the contract with the health center, it may not be performed.	\bigtriangleup Upon the examinee's request	
		Mammography or breast ultrasound (echography) 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).	0	
	Cervical cancer	Cervical cytology (physician-collected)	0	

To the Health Center

- *1 Fasting blood glucose and HbA1c should be performed according to the contract. Always perform HbA1c if fasting blood glucose cannot be obtained.
- $\boldsymbol{\cdot}$ For specific health checkups, please be sure to perform the underlined items.