## 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). <sup>\*</sup> Please note that a second examination of the same type will be at your own expense. Please apply by calling the health center of your choice from among the enclosed (1) Appointment "List of Contracted Health Centers." When making an appointment, be sure to tell them it is for a "Fujitsu Health Insurance Society Free Gynecological Checkup." The health center may send you a health checkup kit or other materials. If you have any questions, Flow from appointment and examination to receipt of results (2) Preparation please ask the health center. Please prepare according to the health center's guidance. 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.) Make sure to bring this Health Checkup Request Form and one of My Number Health Insurance Card, Eligibility Notification (on your Health Up F@mily app), or Health Insurance Eligibility Certificate to the checkup. \* The Health Insurance Certificate issued by the Fujitsu Health Insurance Society is valid until December 1, 2025. 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 (3) Examination 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 Please note that Fujitsu Health Insurance Society will not subsidize these additional 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. Please note that the Fujitsu Health Insurance Society may not reimburse your health checkup if you receive a checkup at a contracted health center and also at a non-contracted health center (i.e. your primary care physician). You will receive a notice of the results of the health checkup from the health center at a later date. (4) Receipt of result If the results indicate that you should undergo a full examination, be sure to do so at a medical institution. notification <sup>4</sup> Such further examinations and treatment are covered by insurance. 1. D. C. d by the Exemine

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| Please complete the form in   | i this frame and submit it to t   | the nealth center on the              | e day of the c | спескир.  |     |  |
|---|---|---------------------------------------|----------------|---|-----|--|
| Date of Checkup   | (YYYY/MM/DD)  | / /                                   |                |   |     |  |
|   | Lifestyle-related disease checkup   |                                       |                |   |     |  |
|   | □ 39 and under (including lung cancer screening)  |                                       |                |   |     |  |
|   | $\Box$ 40 and up (including lung, colon and stomach cancer screenings)                                    |                                       |                |   |     |  |
|   | Gynecological checkup *Select mammography or breast ultrasound (echography) for breast cancer examination |                                       |                |   |     |  |
| Type of Checkup   | Breast cancer screening + Cervical cancer screening   |                                       |                |   |     |  |
| Please check the  |   |                                       |                |   |     |  |
| appropriate box (☑).  | Mammography or Breast ultrasound (echography)  Record concerning only                                     |                                       |                |   |     |  |
|   | Breast cancer screening only Reast ultracound (ochography)  |                                       |                |   |     |  |
|   | Mammography or Breast ultrasound (echography)   |                                       |                |   |     |  |
|   | Cervical cancer screening only  |                                       |                |   |     |  |
|   | Code  | Number                                |                | <requirements checkups="" for="" health=""></requirements>  |     |  |
|   |   |                                       |                | (1)Must be a dependent of Fujitsu Hea   |     |  |
|   |   |                                       |                | for spouses as of the date of the examination.<br>(2)Must be examined by the day before one's 75th<br>birthday. |     |  |
| Examinee  |   |                                       |                |   |     |  |
|   | Name  |                                       |                | Date of Birth   |     |  |
| * You can find your code<br>and number on your  | (Furigana) (YYYY/   |                                       | (YYYY/MM/DD)   | 1/DD)   |     |  |
| currently valid Health  |   |                                       | ]              | / /   |     |  |
| Insurance Certificate,  |   |                                       |                |   |     |  |
| My Number Health  | ( ) years old   |                                       |                |   |     |  |
| Insurance Card, Eligibility Address and Contact Information           Notification (on your         ( $\mp$ - ) |   |                                       | 1              |   |     |  |
| Health Up F@mily app),  |   |                                       |                |   |     |  |
| or Health Insurance   |   |                                       |                |   |     |  |
| Eligibility Certificate.  |   |                                       | (              | Contact Phone No  | - ) |  |
| * Personal information collected using this   | I<br>s form will not be used for any purpose othe   | er than to implement Fujitsu Health I | (              |   | )   |  |
| The information will be an each uncerned  | al terrescuelare en unitede teles. De second d'Ardensee tel   | ing Duckashing Laws                   |                |   |     |  |

\* 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.

| Examination Item                  |                     | nination Item         | Details of Examination  | 39 and Under                 | 40 and Up |
|-----------------------------------|---------------------|-----------------------|---|------------------------------|-----------|
| Lifestyle-related Disease Checkup | Medical examination |                       | Physician examination, subjective symptoms, other symptoms, medical history (medication and smoking history)  | 0                            | 0         |
|                                   | Measurement         |                       | Height, weight, BMI, blood pressure, visual acuity  | 0                            | 0         |
|                                   |                     |                       | Abdominal circumference   | △Implemented at some centers | 0         |
|                                   |                     |                       | Hearing (1,000 Hz, 4,000 Hz)  | -                            | 0         |
|                                   | Urinalysis          |                       | Proteins, sugars, sediment  | 0                            | 0         |
|                                   |                     | General blood         | White blood cell count, platelet count  | 0                            | 0         |
|                                   | Blood test          | Anemia                | Red blood cell count, hemoglobin level, hematocrit  | 0                            | 0         |
|                                   |                     | Liver function        | <u>AST(GOT)</u> 、 <u>ALT(GPT)</u> 、γ- <u>GTP</u>  | 0                            | 0         |
|                                   |                     |                       | Total protein, total bilirubin  | _                            | 0         |
|                                   |                     | Lipids                | Triglycerides, HDL cholesterol, LDL cholesterol, total cholesterol  | 0                            | 0         |
|                                   |                     | Glucose<br>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         |
|                                   | Lung cancer         |                       | Chest X-ray test  | 0                            | 0         |
| 0                                 | Colon cancer        |                       | Fecal occult blood test   | -                            | 0         |
| Cancer Screenings                 | Stomach cancer      |                       | Gastric X-ray (barium) test<br>* Note on barium tests:<br>After the test, barium may harden in the intestine, causing an intestinal<br>obstruction (ileus). After the examination, please follow the health center's<br>instructions to ensure that you expel the barium without any trouble.<br>In addition, if you are undergoing treatment for a gastrointestinal disorder,<br>have ever received treatment for a gastrointestinal disorder, or have ever<br>experienced allergic symptoms attributable to barium, be sure to inform the<br>health center at the time of your appointment. | _                            | 0         |

## [Spousal Health Checkup (Dependent)]

|                       | Examination Item | Details of Examination  | All Ages                                     |  |
|-----------------------|------------------|---|--|--|
| Gynecological Checkup | Breast cancer    | Breast examination<br>Palpation will be conducted upon the examinee's request. However, depending<br>on the contract with the health center, it may not be performed.   | $\bigtriangleup$ Upon the examinee's request |  |
|                       |                  | Mammography or breast ultrasound (echography)<br>In principle, only one of these two examinations will be conducted. If you wish<br>to have both examinations, please contact the health center directly. It is<br>possible to undergo both examinations (although some health centers cannot<br>accommodate this), but the cost of one of the two examinations must be<br>covered by the examinee. Please note that some health centers may only<br>provide mammography or breast ultrasound (echography). | 0  |  |
|                       | Cervical cancer  | Cervical cytology (physician-collected)   | 0  |  |

## To the Health Center

 $^{\ast 1}$  Fasting blood glucose and HbA1c should be performed according to the contract.

Always perform HbA1c if fasting blood glucose cannot be obtained.

 $\cdot$  For specific health checkups, please be sure to perform the underlined items.