## Health Checkup Request Form (Checkup for Extended Coverage) 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).

※同一	項目の2回目受診は	自己負担となりますのでご注	主意くださ	きい。			
	(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 <u>"Fujitsu Health Insurance Society Free</u>					
		Gynecological Checkup."					
ш	(2) Preparation	•The health center may send you a health checkup kit or other materials. If you have any questions,					
low		please ask the health center. •Please prepare according to the health center's guidance.					
fron		Please undergo a checkup on the day of your appointment. (In the unlikely event that you are unable to do so, be					
ר ap	(3) Examination	sure					
poir		to contact the health center.) •Make sure to bring <u>this <b>Health Checkup Request Form</b> and one of <b>My Number Health Insurance Card</b>,</u>					
Itme		Eligibility Notification (on your Health Up F@mily app), or Health Insurance Eligibility Certificate to the					
ent and		checkup.					
		For those who are una	ble to ur	ndergo the "Gastric X-ray t	est":Those v	who have allergic symptoms to	
exar		barium or who have been previously diagnosed with intestinal obstruction or diverticulitis of the colon					
nina		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					
tion		with said examination. Any costs incurred for changes or additions are to be covered by the examinee.					
Flow from appointment and examination to receipt of results		If additional tests other than	those lie	sted among the "Examinat	tion Itoms" o	on the reverse side are performed you	
		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.					
pt o		Please note that Fujitsu Health Insurance Society will not subsidize these additional costs.					
f res		If you wish to undergo additional tests, please check with the health center regarding the amount you will be					
iults		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 resu	Its of the health checkup f	rom the heal	Ith center at a later date.	
	(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.					
					urance.		
		eted by the Exami					
Please complete the form in this frame and submit it to the health center on the day of the checkup.						day of the checkup.	
Date of Checkup		(YYYY/MM/DD)		/ /			
			•l ifestvl	e-related disease checkup	s (includina	lung, colon, and stomach	
		Lifestyle-related diseases		re available at no cost to the examinee.			
Type of Checkup		screenings)		nen, prostate-specific antigen (PSA) tests are available.			
		•For the examination items, please see the reverse side.					
		Gynecological checkup	<ul> <li>Breast and cervical cancer screenings are available.</li> <li>To undergo these examinations, please use the Health Checkup Request Form (Insured Gynecological Checkup).</li> </ul>				
		,					
		Code		Number		<requirements checkups="" for="" health=""></requirements>	
						(1)Must be an insured person of Fujitsu Health Insurance for extended	
Examinee * You can find your code and number on your currently valid Health Insurance Certificate, My Number Health Insurance Card, Eligibility Notification (on your Health Up F@mily app), or Health Insurance Eligibility Certificate.		1851			coverage as of the date of the		
						examination. (2)Must be examined by the day before	
						one's 75th birthday.	
		Name			Date of Birth		
		(Furigana) 			(YYYY/MM/DD)		
						/ /	
		( ) years old					
		Address and Contact Information					
		(〒 - )					
					(Contac	t 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.

## [Checkup for Extended Coverage]

Examination Item		amination Item	Details of Examination		
Lifestyle-related Disease Checkup	Medical examination		Physician examination, subjective symptoms, other symptoms, medical history (medication and smoking history)		
	Measurement		<u>Height, weight, abdominal circumference, BMI, blood pressure,</u> visual acuity, hearing (1,000 Hz, 4,000 Hz)		
	Urinalysis		Proteins, sugars, sediment		
	General blood		White blood cell count, platelet count		
		Anemia	Red blood cell count, hemoglobin level, hematocrit		
	<u>B</u>	Liver function	<u>AST (GOT), ALT (GPT), γ-GTP,</u> total protein, total bilirubin		
	Blood test	Lipids	Triglycerides, HDL cholesterol, LDL cholesterol, total cholesterol		
		Glucose metabolism	Fasting blood glucose or HbA1c (whichever is performed)*1		
		Kidney function	eGFR, serum creatinine		
		Uric acid	Uric acid		
	Physiology		Electrocardiogram		
Cancer Screenings	Lung cancer		Chest X-ray test		
	Colon cancer		Fecal occult blood test		
	Stomach cancer		<ul> <li>Gastric X-ray (barium) test</li> <li>* Note on barium tests:</li> <li>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 that you expel the barium without any trouble.</li> <li>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.</li> </ul>		
	Prostate cancer		Prostate-specific antigen (PSA) test (Only for men age 50 or over as of April 1, 2025)		

## 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.

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