

Eligible: Dependant(Other than spouse)
Those who are 40 years of age or older during the fiscal year
(until the day before their 75th birthday).

Fujitsu Health Insurance Society 2023 Version

Health Checkup Request Form (Family Member Health Checkup)

Please read carefully Only 1 examination can be received for free during this year (1 April 2023 - 31 March 2024)

*Please note that you must cover the cost of the 2nd examination of the same type

Procedure from appointment & examination to results	①Appointment	<ul style="list-style-type: none"> Please make an appointment by calling the health center chosen from the list of contracted health centers. When making the appointment, <u>be sure to say that you are making the appointment for a "Fujitsu Health Insurance Free Family Members"</u>.
	②Preparation	<ul style="list-style-type: none"> You may receive an examination kit from the health center. If you have any questions about it, please contact the health center. Please follow the guidance of the health center to prepare.
	③Examination	<ul style="list-style-type: none"> Please go in for the examination on the date of the appointment. (If unable to attend at that time, please be sure to contact the health center) <u>Be sure to bring this Health Check-up Request Form and your Health Insurance Card</u> at the time of the examination. <p>If additional examinations other than those listed in the "Recipient Checkup Course / Examination" on the back side of this page are requested, the cost will be borne by the patient. In addition, there is no Fujitsu Health Insurance assistance for these expenses.</p> <p>If additional examinations are requested, please check with the health center about the costs and method of payment.</p>
	④Notification of Results	<ul style="list-style-type: none"> At a later date, your health check-up result notification will be sent by the health center. <u>If you are instructed to undergo a more detailed examination, please be sure to consult with a medical facility.</u> <p>* Detailed examinations and treatment are covered by insurance.</p>

For Patients: Please fill in the information and submit to the health center on the day of the examination.

Examination Date	Year Month Day				
Type of Health Check up <input checked="" type="checkbox"/> Please check the boxes	Lifestyle-related Disease Check up	<ul style="list-style-type: none"> Checkups for lifestyle-related diseases are available at no cost to you. Check the back side of this page for examination details 			
Patient	Health Insurance Code	Health Insurance Number		<Examination Requirements> ① You must be a dependant of someone covered by Fujitsu Health Insurance at the time of examination. ② The examination must be done until the day before your 75th birthday.	
	Name		Date of Birth		
			Year	Month	Day
			() Years Old		
Contact Address					
(Postal Code -)					
(Contact Telephone Number - -)					

* The personal information obtained on this form will not be used for any purpose other than the provision of health services by Fujitsu Health

* Fujitsu Health Insurance Society entrusts the work of health checkups to Best Life Promotion, a wholly owned group company of Fujitsu.

If receiving one health checkup per year still leaves you with concerns and you experience certain symptoms, we recommend you consult a doctor immediately.

Fujitsu Health Insurance Society/Best Life Promotion

Recipient Checkup Course Examination

Age Restrictions

★Age as of March 31, 2024

☆Age as of April 1, 2023

*Not eligible after 75th birthday (can be seen until the day before 75th birthday)

■ Intended for both men and women

Screening		Checkup Course	Spousal Checkup		Family Member Checkup	Special Retirement Checkup	Extended Coverage Checkup	
Screening * Please make sure the underlined special health checkup items are administered			Defendant (Spouse)		Dependant (Other than spouse)	Special Retirement Insured Person	Extended Coverage	
			39 and Under★	40 and Up★				40 and Up★
Lifestyle-related Disease Checkup	Body Measurement Consultation	<u>Medical History Questions Doctor Interview and Consultation, Height, Weight, BMI, Blood Pressure</u>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		<u>waist circumference</u>		△ waist circumference at some centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Eyesight		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Hearing (1,000Hz - 4,000Hz)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Urine	Protein, Sugar		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Sediment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Blood	Hematology	RBC, WBC, Hb, Ht, PLT		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Biochemistry	Fat	<u>TG, HDL-C, LDL-C</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		T-C			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Liver Function		<u>AST, ALT, γ-GT</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Complete Protein, Total Bilirubin		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Uric Acid	UA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Kidney Function	Cr, eGFR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Sugar Metabolism	<u>Fasting Blood Sugar / HbA1c</u>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
			1.Of the fasting blood sugar and HbA1c tests, either or both will be administered depending on the center. 2.If a fasting blood sugar test is not done, please ensure that an HbA1c is administered.					
Physiological Function	EKG		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	Ophthalmoscopy (both eyes)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Cancer Screenings	Lung Cancer	Chest X-ray		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Stomach Cancer	Abdominal X-ray		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Colon Cancer	Fecal Occult Blood		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Prostate Cancer	Prostate-Specific Antigen (PSA) Men Only		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	☆ 50 and Up	

■ Intended for Women Only (Gynecological Examination)

Screening	Age Restrictions	All Ages	All Ages	Not Applicable	All Ages	30 and Up☆
Cervical Cancer	Pap Test (collected by doctor)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Breast Cancer	Breast Examination *According to the preference of the patient Also, some centers may not perform some tests depending on the contract	△According to patient preference	△According to patient preference		△According to patient preference	△According to patient preference
	Mammography or Breast Ultrasound *As a general rule, only one of either mammography or breast ultrasound is administered. *Some health centers may offer either mammography only or breast ultrasound only.	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>