of Results

Health Checkup Request Form (Extended Coverage 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 · Please make an appointment by calling the health center chosen from the list of contracted health centers. ①Appointment ·When making the appointment, be sure to say that you are making the appointment for a "Fujitsu Health Insurance Free Extended Procedure from appointment & examination to results ·You may receive an examination kit from the health center. If you have any questions about it, please contact 2Preparation the health center. · Please follow the guidance of the health center to prepare. · 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) ·Be sure to bring this Health Check-up Request Form and your Health Insurance Card at the time of the examination. If unable to receive a stomach X-ray Those with allergic symptoms from drinking barium or who have been diagnosed with problems such as ③Examination intestinal blockage or diverticulitis in the past can choose a gastroscopy exam with their contracted health center. However, please check with the contracted health center yourself first to confirm if the exam is possible and what the procedure is. Also, any additional costs from the change will be the patient's responsibility. 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. ·At a later date, your health check-up result notification will be sent by the health center. 4 Notification · If you are instructed to undergo a more detailed examination, please be sure to consult with a medical facility.

For Patients: Please fill in	the inf	forma	ation	and s	subm	it to t	he h	ealth	cent	er on	the c	day of the	examinati	on.	
Examination Date													Year	Month	Day
Type of Health Check up ☑Please check the boxes	Lifestyle-related Disease Check up (Includes Cancer Screening) Gynecological Examination				· Checkups for lifestyle-related diseases (including lung cancer, stomach cancer, and colon cancer) are available at no cost to you. *Men over 50 can receive a Prostate-Specific Antigen (PSA) test. · Check the back side of this page for examination details · Breast cancer and cervical cancer screenings are available. · To receive them please use the Health Check-up Request Form (Insured Person Gynecological Examination)										
	Health Insurance Code				Health Insurance I				e Nun				•		
	1	8	5	1								coverage at the t	ge from Fujit ime of the ex	st be done u	surance
Patient	Name								Date of Birth						
													Year	Month ()Y	Day ears Old
	Contact Address														
	(Postal Code -) (Contact Telephone Number)														

*Detailed examinations and treatment are covered by insurance.

^{*} The personal information obtained on this form will not be used for any purpose other than the provision of health services by Fujitsu Health Insurance Society. It will also be managed in accordance with the Act on the Protection of Personal Information.

^{*} 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 April1, 2023

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

■ Intended for both men and women

Checkup Course Screening					Spousal	Checkup	Family Member Checkup	Special Retirement Checkup	Extended Coverage Checkup
Screening * Please make sure the underlined special health checkup items are administered					Defendan	t (Spouse)	Dependant (Other than spouse)	Special Retirement Insured Person	Extended Coverage
					39 and Under★	40 and Up★	40 and Up★	All Ages	40 and Up★
	Medical History Questions Doctor Interview and Consultation, Height, Weight, BMI, Blood Pressure			nd Consultation, Height,	0	0	0	0	0
	Body Measurement Consultation		waist circui	<u>mference</u>	△ waist circumference at some centers	0	0	0	0
I⊑			Eyesight		0	0		0	0
Lifestyle-related Disease Checkup			Hearing (1,	000Hz - 4,000Hz)		0		0	0
	Urine		Protein, Sugar		0	0	0	0	0
			Sediment		0	0		0	0
		Hematology	RBC, WB0	C, Hb, Ht, PLT	0	0		0	0
		Biochemistry	Fat	TG, HDL-C, LDL-C	0	0	0	0	0
				T-C	0	0	0	0	0
	Blood		Liver Function	AST、ALT、γ-GT Complete Protein,	0	0	0		0
				Total Bilirubin		0		0	0
			Uric Acid	UA	0	0		0	0
			Kidney Function	Cr., eGFR		0		0	0
		Sugar			0	0	0	0	0
	Metabolism		Fasting Blood Sugar / HbA1c		1.0f the fasting blood 2.If a fasting blood su	y on the center.			
	Physiological		EKG			0		0	0
Function			scopy (both eyes)				0		
လ	Lung Cancer Chest X-ray Stomach Cancer Abdominal X-ray Colon Cancer Fecal Occult Blood Prostate Cancer Prostate-Specific Antigen (PSA) Men Only				0	0		0	0
Cand					0		0	0	
ings							0	☆ 50 and Up	
■Int	ende	d for Wome	en Only (Gy	necological Examinatio					
Screening Age Restrictions					All Ages	All Ages	Not Applicable	All Ages	30 and Up☆
Cervical Cancer Pap Test (collected by doctor)				0	0		0	0	
Breast Cancer		patient a not perf	amination Ig to the preference of the Also, some centers may orm some tests ing on the contract	△According to patient preference	△According to patient preference		△According to patient preference	△According to patient preference	
		*As a gen mammo ultrasou *Some he either m	raphy or Breast Ultrasound eral rule, only one of either ography or breast und is administered. alth centers may offer nammography only or ultrasound only.	0	0		0	0	