

Consent to the handling of personal information and Questionnaire to Ensure Patient Safety in Medical Screenings

Furigana	
Name	

1	3								
---	---	--	--	--	--	--	--	--	--

Receipt number

We strictly manage personal information, comply with laws and other norms, and handle it with the utmost care based on our personal information protection policy. Personal information of everyone may be provided or entrusted when required by law in order to operate health checkup services and to properly manage health and accuracy. In addition, the results of medical examinations may be reported to the outsourcer (municipality, business office insurance association, etc.).

It is posted privacy policy, purpose of use, provision to Third Parties and more on outsourcing at the health checkup venue and home page.
<https://www.yamagata-yobou.jp/summary/policy/>



About the handling of personal information

Agree ☒

Disagree ☒

Please submit this form after reading the entries pertaining to the screenings you will undergo today and responding to the relevant questions. Use a **black lead pencil** to clearly check your answers, and write numbers clearly and legibly.

◆ If you meet any of the exclusion criteria for a screening, you will be unable to undergo that screening.

☐ Chest X-Ray / Stomach Cancer, Cervical Cancer, Breast Cancer or osteoporosis Screening

◆ Exclusion Criteria

I am pregnant or could possibly be pregnant ☒ Yes ☒ No

Breast Cancer Screening

◆ Exclusion Criteria

- 1) I have a pacemaker or central venous port
- 2) I have a VP (ventriculoperitoneal) shunt
- 3) I have had breast enlargement surgery
- 4) I am currently breastfeeding

I meet one or more of the above exclusion criteria

☒ Yes ☒ No

Blood Test

□ Warning Factors

I have an allergic reaction to alcohol ☒ Yes ☒ No

Ultrasound Scan (Abdomen/Breast)

◆ Exclusion Criteria

I have an allergic reaction to ultrasound (echo) gel ☒ Yes ☒ No

Respiratory/Pulmonary Function Test

◆ Exclusion Criteria

Have a medical condition that may cause breathing difficulties or Have a medical condition that can cause chest pain

(ex: angina, myocardial infarction, under treatment for valvular disease, history of stroke, symptoms of bronchial asthma)

☒ Yes ☒ No

Body Fat Measurement

◆ Exclusion Criteria

Wearing electrical medical equipment

(ex: pacemaker・cochlear implants) ☒ Yes ☒ No

Risk Assessment for Stomach Cancer

◆ You cannot receive treatment if any of the following apply to you:

- 1) I have noticeable symptoms in my upper gastrointestinal tract
- 2) I am undergoing treatment for a disease of the esophagus, stomach or duodenum
- 3) I am currently taking proton-pump inhibitors (PPIs) to control stomach acid, or have taken PPIs during the past two months
- 4) I have had a gastrectomy
- 5) I am suffering from kidney failure (generally indicated by a creatinine level of 3.00 mg/dl or greater)
- 6) I have undergone Helicobacter pylori eradication therapy

I meet one or more of the above exclusion criteria

☒ Yes ☒ No

Stomach Cancer Screening

◆ Exclusion Criteria

- 1) I have a history of gastrointestinal perforation (esophagus, stomach, duodenum, small intestine, large intestine)
- 2) I have a history of bowel obstruction or volvulus
- 3) I have a history of colonic diverticulitis
- 4) I am experiencing abdominal pain or similar symptoms
- 5) I experienced an allergic reaction when I had a stomach cancer screening in the past
- 6) My doctor has restricted my fluid intake because of hemodialysis or another condition
- 7) I have a history of aspiration pneumonia
- 8) I have aspirated barium in the past
- 9) I weigh 135 kg (298 lbs) or more
- 10) Have been instructed by a doctor to refrain from visiting the doctor

I meet one or more of the above exclusion criteria

☒ Yes ☒ No

If any of the following apply to you, you will not be able to undergo stomach cancer screening using X-rays. Please consult with your doctor.

□ Warning Factors

- ☒ I am undergoing treatment for a gastrointestinal disease
- ☒ I have had surgery on a gastrointestinal organ (esophagus, stomach, duodenum, small intestine, large intestine)
- ☒ I have had endoscopic surgery on a gastrointestinal organ (esophagus, stomach, duodenum, small intestine, large intestine)
- ☒ I have a history of peritonitis
- ☒ I have a colonic diverticula
- ☒ I have dysphagia and have difficulty swallowing and a tendency to choke
- ☒ I have a neurological disease, disease of the pharynx, or other condition that causes difficulty in swallowing
- ☒ I have severe constipation with symptoms including difficult passage of stools and abdominal bloating
- ☒ I experience severe numbness or pain in my limbs
- ☒ I have difficulty rolling onto my side or rolling over
- ☒ I am currently breastfeeding

I meet one or more of the above exclusion criteria ☒ Yes ☒ No

If any of these items apply to you, it may lead to serious complications such as gastrointestinal perforation, or ileus, and pneumonia due to aspiration

I have one or more of the stomach cancer screening warning factors, have received sufficient explanation of the risks involved, understand and accept these risks, and request that I be given the screening.

Signature

If you will take the hepatitis virus test, or blood pressure pulse wave test, and a workplace health check, please answer the relevant questions on the reverse side of this form.

