Consent to the handling of personal information and	Questionnaire to Ensure Patient Safety in Medical Screenings	
Furigana	Receipt number	
Name	13	
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.	Stomach Cancer Screening  Description Criteria	
Chest X-Ray / Stomach Cancer, Cervical Cancer, Breast Cancer or osteoporosis Screeni  Exclusion Criteria  I am pregnant or could possibly be pregnant  Yes  No	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	
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	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	
4) I am currently breastfeeding I meet one or more of the above exclusion criteria Yes No	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	
Blood Test —	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.	
Ultrasound Scan (Abdomen/Breast)	□ Warning Factors	
◆ Exclusion Criteria	I am undergoing treatment for a gastrointestinal disease	
I have an allergic reaction to ultrasound (echo) gel Yes No  Respiratory/Pulmonary Function Test	I have had surgery on a gastrointestinal organ (esophagus, stomach, duodenum, small intestine, large intestine)	
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	I have a history of peritonitis	
Body Fat Measurement	I have a colonic diverticula	
◆ Exclusion Criteria	I have dysphagia and have difficulty swallowing and a tendency to choke	
Wearing electrical medical equipment	I have a neurological disease, disease of the pharynx, or other condition that causes difficulty in swallowing	
(ex : pacemaker • cochlear implants)	I have severe constipation with symptoms including difficult passage of stools and abdominal bloating	
Risk Assessment for Stomach Cancer	I experience severe numbness or pain in my limbs	
◆ You cannot receive treatment if any of the following apply to you:  1) I have noticeable symptoms in my upper gastrointestinal tract	I have difficulty rolling onto my side or rolling over	
I am undergoing treatment for a disease of the esophagus, stomach or duodenum	I am currently breastfeeding	
I am currently taking proton-pump inhibitors (PPIs) to control stomach acid, or have taken PPIs during the past two months	I meet one or more of the above exclusion criteria	
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	If any of thease 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	
I meet one or more of the above exclusion criteria	request that I be given the screening.  Signature	
Yes No	If you will take the hepatitis virus test, or blood pressure pulse wave test, and a a	

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

Blood Pressure Pulse Wave Test  ◆ Exclusion Criteria	None None	
1) Bleeding tendency 2) Aneurysm 3) Vascular stenosis 4) Varicose veins 5) Deep vein thrombosis 6)Lymphedema	Breast cancer surgery history Left Right	
7) Other diseases that can cause blood stasis, blood clots or peripheral circulatory disorders.	Arm with dialysis shunt Left Right	
I meet one or more of the above exclusion criteria Yes No	Purulent infection or external wound  Left arm  Rigt arm  Left leg  Rigt leg	
Hepatitis Virus Test (Questionnaire)		
1) Have you ever had a liver disease or been told that you have poor liver function?	Yes (%%%)year No	
2) Have you ever experienced a major loss of blood during a surgical procedure or during pregnancy or childbirth?  Yes  Do you have regular liver function tests?  Yes  No		
3) Have you ever been tested for the hepatitis C virus?	Yes(	
4) Have you ever been tested for the hepatitis B virus?	Yes(	
5) Are you currently undergoing or have you ever undergone treatment for hepatitis C?	Yes(	
6) Are you currently undergoing or have you ever undergone treatment for hepatitis B?	Yes(	
7) After reading and understanding the purpose of and other facts regarding the hepititis virus test as detailed below, do you request to be given the hepatitis virus test?		
● the hepatitis C virus (HCV antibody) test		
● the hepatitis B virus (HBV antibody) test		
Information regarding the hepatitis virus test Viral hepatitis is a disease caused by the hepatitis virus (hepatitis C virus, hepatitis B virus) which brings about destruction of the liver cells. Persons infected with this disease experience a gradual decrease in liver function, and may eventually develop cirrhosis of the liver or liver cancer. An estimated 3.5 million people in Japan are infected with the hepatitis virus, making it the most widespread infectious disease in Japan. There are many ways of becoming infected with the hepatitis virus, and it is possible to unknowingly become infected. The hepatitis virus test (blood test) is an important first step in detecting the disease at an early stage and determining an appropriate treatment regimen.		
Questions for those taking workplace health checkups		
1) Do you have experience working with heavy objects?	Ves Volume No	
2) Do you have experience working with dust?	Ves Volume No	
3) Do you have experience working with severe vibration?	Yes No	
4) Do you have experience working with hazardous substances?	Yes No	
5) Do you have experience working with handling radiation?	Yes No	
6) What is your current working arrangement?	Regular day shift Shift work (both day and night)	
7) What is the arverage number of hours you worked per day in the past month at your current job?		
8) What is the arverage number of hours you worked per week in the past month at your current job?		
9) Is there anything you had like to discuss about your health?	Yes No	
	k has involved construction, demolition, or contact with fine particles, ere you when you began this work, and what type of work did you do?	
Please select the appropricate option from the options and mark it with a v point.	f work For(	
Agriculture/forestry Fishery industry Lew enforcement or security Professional/specialized	Technical field Research Office work	
Managerial position Manufacturing/machinery Transportation Construction	Sales Service industry Other	
**About occupational classification  • Agriculture: Agriculture: Agriculture forestry • Fishery industry: Fishery indust		
field:Electrical/Gas/Heat supply/Water ●Research: Academic and research institutes ●Office work: Office work for various ●Managerial position: Manage manufacturing/Furniture and equipment manufacturing/Pup.paper and paper product manufacturing/Pinting related/Chemical/Petroleum and charcoal product/f manufacturing/Bel/Non-ferrous metals/Metal product manufacturing/General-purpose machinery and equipment manufacturing/Production machinery and equipment manufacturing/Transportation machinery and equipment	ers in various  Manufacturing/machinery:Food/Drinking*Tobacco*Feed manufacturing/Textiler/Wood and wood product  Plastic product manufacturing/Rubber product manufacturing/Leather and fur product manufacturing/Leather and fur product  migment manufacturing/Commercial machinery and equipment manufacturing/Eleathoring and delectoronic circuits  pment manufacturing  Transportation: Railway/Road passenger transport/Road freight transport/Water transportation/Air	
transport/warehousing/business/ Iransportation-related servicesir-lostal — Construction : General consulgrigentification work/equipment work — Seales: Who materials, minerals, metal materials, etc/Machinery and equipment wholesale/Various merchandise retail business/Textile, clothing and personal goods retail/Food repair/Emplyment placement and labor dispatch/Political, economic and cultural organization/Religion/Foreign official duties/Laundry, barber, beauty and bathing/E Unemployed/Student, Housewife, etc	and beverage retail/Machinery and equipment retailer/Non-store retail Service industry:Waste disposal/Car maintenance/Machine	