

Health Checkup
Voucher

Specific Health Checkup,
City of Setagaya, FY 20XX

* Please bring this voucher with you to the medical institution when you have your checkup.

* Please copy the reference number below onto your Specific Health Checkup Form.

Specific Health Checkup Voucher Reference Number		Co-payment
Cancer Screening Reference Number		
Validity		

FY 20XX [Personal Copy]

Name	
Address	
Cancer Screening Reference Number	
Specific Health Checkup Co-payment	

Medical screenings available with your Specific Health Checkup

Lung cancer screening	When you go for a Specific Health Checkup, please bring this voucher and your Specific Health Checkup Form with you and apply at the medical institution.
Colon cancer screening	
Hepatitis B/C screening	Some ages will find the relevant medical screening forms enclosed herewith. Check the eligibility requirements in the enclosed 'Various Health Checkup Instructions.' If no medical screening form is enclosed, please enquire to Setagaya Cancer Screening Reception Center (Tel: 03-6265-7573, Fax: 03-6265-7559).
Prostate cancer screening	
Stomach cancer risk (ABC) screening	

Other screenings

Please see enclosed 'Various Health Checkup Instructions.'

Results of previous Specific Health Checkups

Year of health checkup				FY 20XX-1		FY 20XX-2		FY 20XX-3	
Tests			Unit	Result value	Assessment	Result value	Assessment	Result value	Assessment
Standard tests	Physical measurements	Height	cm		—		—		—
		Weight	kg		—		—		—
		BMI	kg/m ²		—		—		—
		Waist circumference	cm		—		—		—
	Blood pressure	Systolic blood pressure	mmHg						
		Diastolic blood pressure	mmHg						
	Lipids	Fasting triglycerides	mg/dl						
		Non-fasting triglycerides	mg/dl						
		HDL cholesterol	mg/dl						
		LDL cholesterol	mg/dl						
	Liver function	AST (GOT)	U/l						
		ALT (GPT)	U/l						
		γ -GT (γ -GTP)	U/l						
	Blood glucose	Fasting blood glucose	mg/dl						
		Non-fasting blood glucose	mg/dl		—		—		—
		Hemoglobin A1c	%						
	Urinalysis	Urinary glucose			—		—		—
		Urinary protein			—		—		—
Tests at the doctor's discretion	Blood test	Hematocrit	%		—		—		—
		Hemoglobin	g/dl						
		Red blood cell count	10 ⁴ /μL		—		—		—
	Fundusoscopic examination	Scheie H-type (hypertensive change)			—		—		—
		Scheie S-type (atherosclerotic change)			—		—		—

- ◆ Not all tests are listed in this health checkup results.
- ◆ Please note that for those who received their checkup at the end of the fiscal year, the previous year's results may not be reflected.
- ◆ Those with health checkup results exceeding health guidance thresholds will see an asterisk (*) in the assessment.
* Please see reverse side for health guidance thresholds.

Please bring the following four items when visiting the medical institution:

- ◆ Health Checkup Voucher (this voucher)
- ◆ Health Checkup Form
- ◆ National Health Insurance Card, or Health Insurance Eligibility Certificate, or Individual Number Card as a health insurance certificate.
- ◆ Co-payment (please check the following)

Specific Health Checkup only	¥500
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* For other medical screenings taken at the same time, the following surcharges apply.

Lung cancer screening (X-ray only)	+¥100
Lung cancer screening (X-ray + sputum)	+¥600
Colon cancer screening	+¥200

* If 'Free of Charge' is indicated in the co-payment section of your [Personal Copy] of the [Health Checkup Voucher], you are exempt from the above fees.
If you will undergo cancer screening in addition to the Specific Health Checkup, you will need to show your [Personal Copy].

- If you have health insurance other than Setagaya City National Health Insurance, you are not able to use this voucher. Please check with your health insurer.
- If having a health checkup after your 75th birthday, you will need a health checkup voucher for a Longevity Health Checkup, so please contact the Specific Health Checkup Section, National Health Insurance and National Pension Division.

[Inquiries]

Specific Health Checkups ◆

Specific Health Checkup Section, National Health Insurance and National Pension Division, City of Setagaya
Tel: 03-5432-2936
Fax: 03-5432-3005

Cancer screening ◆

Setagaya Cancer Screening Reception Center
Tel: 03-6265-7573
Fax: 03-6265-7559

Insurer number/name	00138123 City of Setagaya
Payment agency number	91399022
Payment agency Name	Tokyo Metropolitan National Health Insurance Organization

Health guidance thresholds

Health guidance thresholds are values deemed necessary to improve lifestyle habits in order to prevent the onset of disease.

If your results exceed the medical consultation thresholds, we recommend consulting a medical institution.

Tests		Health guidance threshold	Medical consultation threshold
Blood pressure	Systolic (mmHg)	130—139	Over 140
	Diastolic (mmHg)	85—89	Over 90
Lipids	Fasting triglycerides (mg/dl)	150—299	Over 300
	Non-fasting triglycerides (mg/dl)	175—299	Over 300
	HDL cholesterol (mg/dl)	Under 40	—
	LDL cholesterol (mg/dl)	120—139	Over 140
Blood glucose	Fasting blood glucose (mg/dl)	100—125	Over 126
	Hemoglobin A1c (%)	5.6—6.4	Over 6.5
Liver function	AST (GOT) (U/l)	31—50	Over 51
	ALT (GPT) (U/l)	31—50	Over 51
	γ-GT (γ-GTP) (U/l)	51—100	Over 101
Anemia	Hemoglobin (Hb) (g/dl)	12.1—13.0 (Male) 11.1—12.0 (Female)	Below 12.0 (Male) Below 11.0 (Female)

* Regarding the purpose of the above tests, please refer to the 'Specific Health Checkup Instructions.'

* Health guidance thresholds are taken from the Ministry of Health, Labour and Welfare, *Standard Medical Examination/Health Guidance Program*.