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

FY 20XX [Personal Copy]

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

O Medical screenings available with your Specific Health Checkup

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

Other screenings

Please see enclosed 'Various Health Checkup Instructions.'

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Results of previous Specific Health Checkups

	Year of health checkup Tests Unit		FY 20XX-1		FY 20XX-2		FY 20XX-3		
			Result value	Assessment	Result value	Assessment	Result value	Assessment	
	Physical measurements	Height	cm		_		_		_
		Weight	kg		_		_		-
	Physical easureme	BMI	kg/m²		-		-		-
	E	Waist circumference	cm		-		-		-
	Blood	Systolic blood pressure	mmHg						
	Blc	Diastolic blood pressure	mmHg						
		Fasting triglycerides	mg/dl						
ts	Lipids	Non-fasting triglycerides	mg/dl						
Standard tests	ļ Ē	HDL cholesterol	mg/dl						
tanda		LDL cholesterol	mg/dl						
Ó	tion	AST (GOT)	U/I						
	Liver function	ALT (GPT)	U/I						
	Live	γ -GT (γ -GTP)	U/I						
	sose	Fasting blood glucose	mg/dl						
	Blood glucose	Non-fasting blood glucose	mg/dl		_		-		_
	Bloo	Hemoglobin A1c	%						
	Urinalysis	Urinary glucose			_		-		_
	Urina	Urinary protein			_		_		_
tion	st	Hematocrit	%		_		_		_
discre	Blood test	Hemoglobin	g/dl						
Tests at the doctor's discretion	ā	Red blood cell count	10⁴/µL		_		_		_
	Funduscopic examination	Scheie H-type (hypertensive change)			_		_		_
Tests 8		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.

and bring the following four items

- Please bring the following four items when visiting the medical institution:
 - Health Checkup Voucher (this voucher)
 - Health Checkup Form

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- 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 copayment 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 heath checkup voucher for a Longevity Health Checkup, so please contact the Specific Health Checkup Section, National Health Insurance and National Pension Division.

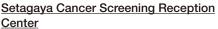
[Inquiries]

- ♦ 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 ◆



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	
Diagdowassum	Systolic (mmHg)	130—139	Over 140	
Blood pressure	Diastolic (mmHg)	85-89	Over 90	
	Fasting triglycerides (mg/dl)	150—299	Over 300	
Linida	Non-fasting triglycerides (mg/dl)	175—299	Over 300	
Lipids	HDL cholesterol (mg/dl)	Under 40	-	
	LDL cholesterol (mg/dl)	120—139	Over 140	
B	Fasting blood glucose (mg/dl)	100—125	Over 126	
Blood glucose	Hemoglobin A1c (%)	5.6-6.4	Over 6.5	
	AST (GOT) (U/I)	31-50	Over 51	
Liver function	ALT (GPT) (U/I)	31-50	Over 51	
	γ -GT (γ -GTP) (U/I)	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.