「(英語版) 心電図・貧血・大腸がん・前立腺がん検診記録票」

日本語の検診記録票への記載の際にご活用ください。

Form No. 1 (1) (For Medical Institution)

Utsunomiya City Electrocardiogram, Anemia, Colorectal Cancer, and Prostate Cancer Screening Record Form

・Please fill out the form neatly in block letters. or circle the applicable content.
・This is a carbon copy form, so please write firmly.

Cost category	1	General	2	Exemptions	Checkup date	Year	Month	Day
Appointment ticket no.								

Address	Name
Utsunomiya City Phone no. (_____) _____ - _____	1. Male 2. Female Furigana: _____ Name: _____ Date of birth: _____ (year) ___ (month) ___ (day) Age: ___ years old

Medical questions					
Medical history	Have you ever been diagnosed with a disease?				
	1	No	2	Yes ( )	
Family history	Have your biological parents, siblings, or other relatives ever had cancer?				
	1	No	2	Yes ( )	
Symptoms	Do you have any symptoms?				
	1	No	2	Yes ( )	

◆Electrocardiogram (Comprehensive health checkup: Yes / No)
◆Anemia Test (Comprehensive health checkup: Yes / No)

Findings								
Judgment	1	No abnormalities	2	Guidance required	3	Medical care required	4	Undergoing treatment

Anemia						
	Red blood cell count					x0,000/3m m^3
	Hemoglobin level ※					g/dl
	Hematocrit value ※					%

Judgment	1	No abnormalities	2	Guidance required	3	Medical care required	4	Undergoing treatment

◆Colon cancer screening

Test results	Stool collection date		Fecal occult blood			
	1st day	year month day	1	+	2	−
	2nd day	year month day	1	+	2	−
Judgment	1	No abnormalities				

◆Prostate cancer screening (for men age 50 and older)

PSA test results			
			ng /ml
Judgment	1	No abnormalities	
	2	No further testing required (Reason:)	

	2	No further testing required (Reason:)			
	3	Further testing required Name of referring medical institution		3	Further testing required Name of referring medical institution

Name of medical institution & physician	Remarks	

※Round the result to the first decimal place.