【Health Guidance and Consultations】
(Hongo, Komaba, Kashiwa)

■ I 措置不要
No action necessary. Please continue to maintain your health.

■ II 要保健指導 (Consultation with a public health nurse required)
By appointments only. Please make a reservation at the health service center you wish to visit.
(Reception time: 9:00~17:00)

* Please be aware that health guidance may not be available on certain days.

<table>
<thead>
<tr>
<th>Hongo Health Service Center</th>
<th>Tel: 03-5841-2580~2579 ext: 22580</th>
<th>E-mail: hoken-kanri<del>hongo@at sign.ml.adm.u</del>tokyo.ac.jp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Komaba Health Service Center</td>
<td>Tel: 03-5454-6166 ext: 46166</td>
<td>E-mail: komaba<del>kanri@at sign.hc.u</del>tokyo.ac.jp</td>
</tr>
<tr>
<td>Kashiwa Health Service Center</td>
<td>Tel: 04-7136-3040 ext: 63040</td>
<td>E-mail: kashiwa@at sign.hc.u~tokyo.ac.jp</td>
</tr>
</tbody>
</table>

■ III 要医療 (Consultation with a doctor required)
Make sure to print and bring your Health Check-up Results when consulting a doctor.
Following the consultation, please print and complete the “response form” below and send it to the health service center on your campus by internal mail.

ECG: A letter of introduction (JPY 300) and an a copy of your electrocardiogram result can be provided, if necessary.

Chest X-ray: A letter of introduction (300 yen) and X-rays digital data (500 yen).
* Come to the health care room of the health center where you received the medical checkup.
* For those whose ‘public health nurse comment’ column of the medical checkup result reads “胸部 X 線検査について再検査が必要です。保健センター内科を受診してください,” contact the health center where you received medical checkup and consult its internal medicine doctor.
* For those who wish to receive documents or consult doctors at a medical center other than the district where you received medical checkup, please contact the health center beforehand.

If you consult a doctor from a medical institution other than the Health Service Center
If you consult a doctor from a medical institution other than the Health Service Center, please print, complete the “response form” below and bring in person or send by internal mail to the health service center on your campus.

If you wish to be examined at the Health Service Center

【Internal Medicine Dept. at the Health Service Center】
(Opening times: weekdays from 10:00 a.m. to 12:20 p.m., and from 2:00 p.m. to 3:45 p.m.)
○As consultations are not by appointment, you may be required to wait before your consultation. Also, there are no set dates for consultations; please check the Health Service Center website for dates when there are no consultations.
○Please have the medical examination as soon as possible.
○If an abnormal value in "urine protein," "urine occult bleeding" or "urine sugar" has been reported:
  Please obtain a container for urinalysis from the health center beforehand, and collect a urine sample first thing on the morning of the day of your visit.
○If an abnormal value in "HbA1c," "glucose," "Urinal sugar" "triglycerides," "HDL cholesterol," or "LDL cholesterol" has been reported:
  A blood sample may be required. Please do not have anything to eat for at least ten hours before coming for your examination. (Please make sure to keep hydrated by taking drinks without calories, such as water or straight tea.)
○Those who have previously used the Health Center please make sure to bring your health center card.
○Please make sure to bring the “Health Check-up Results”.
○There is a consultation fee of JPY 100. (separate charge will be made if more examination is required)

Health Center Internal Medicine
Hongo (ext.22583)
Komaba (ext.46168)
Kashiwa (ext.63040)

Please make sure to bring your Staff ID card.
* Please be aware that the Health Center’s Health Management Office may forward you to another doctor for further consultation.

■ IV 要継続医療
Please make sure to show your doctor the "Health Check-up Results ".

～Continued on other side～
Response Form (for staffs)

Date ____________________________
Common ID ____________________________ Name ____________________________
Department ____________________________ Ext. number (Contact info) ____________________________

① Medical examination item (Please place a ✓ in boxes below.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>血圧 (Blood Pressure)</td>
<td>炎症反応 (Test for incidences of inflammation)</td>
</tr>
<tr>
<td>尿検査 (Uric protein・Uric blood)</td>
<td>脂質代謝 (Test for lipid metabolism)</td>
</tr>
<tr>
<td>胸部X線検査 (Chest X-ray)</td>
<td>糖代謝 (Tests for diabetes mellitus)</td>
</tr>
<tr>
<td>血液学の検査 (The cell ingredient of the blood)</td>
<td>腎機能 (Kidney functions)</td>
</tr>
<tr>
<td>肝機能等 (Liver functions)</td>
<td>尿酸 (Uric acid)</td>
</tr>
<tr>
<td>心電図検査 (Electrocardiogram)</td>
<td></td>
</tr>
</tbody>
</table>

② On consulting a medical clinic (Name: ____________________________ ) following the medical check-up, (Please place a ✓ in one of boxes below.)

☐ 1. No treatment or further follow-up is required

☐ 2. Follow-up check (No treatment, only for check-up or examination) Follow-up visit is on __________ / __________.

☐ 3. Starting outpatient treatment (e.g. internal medication, etc.)

☐ 4. Hospital care

☐ 5. Others (__________________________________________________________)

☐ 6. I am discussing the results of this examination with my regular doctor from prior to the check-up.