Consultation with a public health nurse required

By appointments only. Please make a reservation with the health service center you wish to visit. (Reception time: 9:00~17:00) Please have the consultation as soon as possible.

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

<table>
<thead>
<tr>
<th>Health Service Center</th>
<th>Tel</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hongo Health Service Center</td>
<td>03-5841-2579</td>
<td><a href="mailto:hoken-kanri-hongo.adm@gs.mail.u-tokyo.ac.jp">hoken-kanri-hongo.adm@gs.mail.u-tokyo.ac.jp</a></td>
</tr>
<tr>
<td>Komaba Health Service Center</td>
<td>03-5454-6166</td>
<td><a href="mailto:komaba-kanri@hc.u-tokyo.ac.jp">komaba-kanri@hc.u-tokyo.ac.jp</a></td>
</tr>
<tr>
<td>Kashiwa Health Service Center</td>
<td>04-7136-3040</td>
<td><a href="mailto:kashiwa@hc.u-tokyo.ac.jp">kashiwa@hc.u-tokyo.ac.jp</a></td>
</tr>
</tbody>
</table>

Consultation with a doctor required

Make sure to print and take your Health Check-up Results when consulting a doctor.

Please have the medical examination as soon as possible.

Following the consultation, please print and complete the "response form" below and bring it to the health service center on your campus.

ECG: A letter of introduction (JPY 300) and a copy of your electrocardiogram result can be provided. Come to the health care room of the health center.

Chest X-ray: Please contact the health center beforehand.

* For those whose 'Details' of Result of Chest X ray column of the medical checkup result reads "#1"
  Please contact the health center where you received medical check-up and consult its internal medicine doctor.

* For those whose 'Details' of Result of Chest X ray column of the medical checkup result reads "#2" or "#3"
  A letter of introduction (300 yen) and digital data of your X-ray (500 yen) can be provided.

* For those with "#2", please visit a hospital with a department of respiratory medicine for further examinations.

* For those with "#3", please visit a hospital with a cardiology department for further examinations.

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 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.

If an abnormal value in "Uric protein," "Urinal sugar" or "Uric blood" 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 "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”.

Health Center Internal Medicine

Hongo 03-5841-2583
Komaba 03-5454-6168
Kashiwa 04-7136-3040

Please make sure to bring your Student ID card.

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

Date: __________________________ Name: ________________________________
Common ID: ______________________ Student ID: _______________________
TEL: ___________________________ Email: _____________________________

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

<table>
<thead>
<tr>
<th>Blood Pressure (Blood Pressure)</th>
<th>Test for incidences of inflammation (Inflammation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uric protein · Uric blood</td>
<td>Test for lipid metabolism (Lipid metabolism)</td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>Tests for diabetes mellitus (Diabetes mellitus)</td>
</tr>
<tr>
<td>The cell ingredient of the blood</td>
<td>Kidney functions (Kidney functions)</td>
</tr>
<tr>
<td>Liver functions</td>
<td>Uric acid (Uric acid)</td>
</tr>
<tr>
<td>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.