

《Health Guidance and Consultations》

(Shirokanedai)

■ I 措置不要

No action necessary. Please continue to maintain your health.

■ II 要保健指導・III 要医療

Make sure to print and bring your Health Check-up Results when consulting a doctor of a nearby medical institution.

ECG: A letter of introduction can be provided at a cost (JPY 300), if necessary.

Chest X-ray: A letter of introduction (JPY 300) and digital data of X-rays (JPY 500) can be provided, if necessary.

* 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", please contact the Health Service Center before you visit and consult a doctor of the Center's internal medicine section.

* **For those who wish to receive documents and digital data or consult doctors of the Health Service Center, please contact the Health Service Center beforehand. (Telephone Response Time 9:00-17:00)**

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|-------------------------------|--|
| Hongo Health Service Center | Tel: 03-5841-2579・2580 ext. 22579・22580 E-mail: hoken-kanri-hongo.adm[at sign]gs.mail.u-tokyo.ac.jp |
| Komaba Health Service Center | Tel: 03-5454-6166 ext. 46166 E-mail: hoken-kanri-komaba.adm[at sign]gs.mail.u-tokyo.ac.jp |
| Kashiwa Health Service Center | Tel: 04-7136-3040 ext. 63040 E-mail: hoken-kanri-kashiwa.adm[at sign]gs.mail.u-tokyo.ac.jp |

If you wish to be examined at the Health Service Center (only those eligible for III 要医療)

【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.)

<https://www.hc.u-tokyo.ac.jp/en/>

○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 "HbA1c" "glucose" "Urine 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.)

○For Those who have previously used the Health Service 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)

○**Please make sure to bring your Staff ID card.**

* Please be aware that the Health Service 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".

■ **About the Response Form (see the other side)** : If you are visiting a medical institution other than the Health Service Center or your family doctor about your result of health check-up, please be sure to fill out a response form after your visit and **submit the form to the mail box labeled "健康診断結果票" in the General Affairs Team of the Administration Group.**

【Contact】 General Affairs Team, Administration Group, The Institute of Medical Science

E-mail: t-soumu@ims.u-tokyo.ac.jp

Response Form

Date _____

Common ID _____ **Name** _____

Department _____ **Ext. number(Contact info)** _____

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

| | | | |
|--|---|--|---|
| | 身体計測 (BMI Abdominal girth) | | 脂質 (Test for lipid metabolism) |
| | 血圧 (Blood Pressure) | | 糖代謝 (Tests for diabetes mellitus) |
| | 尿検査 (Uric protein・Uric blood) | | 腎機能 (Kidney functions) |
| | 胸部 X 線検査 (Chest X-ray) | | 診察 (Physician examination) |
| | 心電図検査 (Electrocardiogram) | | 尿酸 (Uric acid) |
| | 血液一般 (Cell ingredients of blood) : 血色素量 (Hb)、血小板 (plt)、白血球数 (WBC) | | 便潜血検査 (Fecal occult blood test) |
| | 肝・胆道系 (Liver functions) : AST,ALT,γ-GTP, 総ビリルビン (Total bilirubin) ,ALP | | CRP (Test for incidences of inflammation) |
| | 他 (other exams _____) | | LDH (Lactate Dehydrogenase) |

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 out-patient 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.