

《Health Guidance and Consultations》

(Hongo, Komaba, Kashiwa)

■ I 措置不要 (Normal)

No action necessary. Please continue to maintain your health.

■ II 要保健指導 (Health consultation by nurse recommended)

Health Guidance by appointment only. Please call-in advance. (Reception time: 9:00~17:00)

*If you would like to undergo a re-examination by visiting the Internal Medicine Dept. of the Health Service Center, please refer to the information below.

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

■ III 要医療 (Further examination / Treatment necessary)

Make sure to print out your Health Check-up Results and take them with you when consulting a doctor. Following the consultation, please report the results using the online response form.

* If you have been advised to visit the Internal Medicine Dept. of the Health Service Center due to an abnormality found during the chest X-ray examination, please check [“Re-examination schedules for X-ray”](#) on website and see the physician on the appropriate date and time.

*If you would like various referral letters (for chest X-ray examination, electrocardiogram examination) issued, please contact in advance the Health Service Center of the campus you wish to visit. If you do not contact us in advance, we may not be able to accommodate your request.

Fee: referral letter (JPY 300 per copy), chest X-ray digital data (JPY 500)

If you wish to be examined at the Health Service Center ***A report is required from the online response form.**

【Internal Medicine Dept.】 (Opening times: weekdays from 10:00 to 12:20, and from 14:00 to 15:45)
<https://www.hc.u-tokyo.ac.jp/en/guide/internal-medicine/>

- 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 "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.)
- Please make sure to bring your student or staff ID card.
- Those who have previously used the Internal Medicine Dept. please make sure to bring your patient ID card.
- There is a consultation fee of JPY 100 depending on your status. (Separate charge will be made if more examination is required)

■ IV 要継続医療 (Under management of other medical facilities)

Please make sure to show your doctor the health check-up results and report the results using the online response form.

■ V 他医療機関受診 (Checkup by other medical facilities)

Regarding abnormal values, please follow the instructions of the medical institution where you received the examination and report the results using the online response form.

Go to online response form ➡

*Please fill out this "Response Form" and submit it to the Health Service Center ONLY if it is difficult to answer online.

Response Form

Date: _____ Status: Student • Faculty & Staff _____

Common ID: _____ Name: _____

Department: _____ Contact (phone, Ext. number) _____

① **Health check-up item** (Please place a ✓ in boxes below.)

身体計測 (BMI, Abdominal girth)	脂質代謝 (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 (Chest X-ray)	診察 (Physician examination)
心電図 (Electrocardiogram)	尿酸 (Uric acid)
血液一般 (Cell ingredients of the blood)	便潜血 (Fecal occult blood test)
肝・胆道系 (Liver functions)	CRP (Test for incidences of inflammation)
他検査 (Other exams)	LDH (Lactate Dehydrogenase)

② **On consulting a medical clinic (Name: _____) following the health 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.