Health check's application form

Furigana(Pronunciation)		☐ Male ☐ Female
Name		
Date of birth	DD MM YYYY (Age)	

Do you have any illnesses that you are currently treating?
and
What is the name of the medication you are taking?
☐ None
☐ have/had →

Major illness/surgery in the past,or illnesscurrently		
From what age	illness name	medication / treatment
(ex.) 42～	high blood pressure	Amlodipine

Smoking history	1 . I don't smoke. 2 . I smoke about____ cigarettes /day ・ _____years smoke 3 . I used to smoke for _____ years. About_____cigarettes /day
Alcohol	1. I don't drink at all. 2. I only drink socially. 3. I drink _____ times a week. About_____glass(es)/can(s)/bottle(s)
When was the last time you ate something?	[Today / Yesterday] [am / pm] _____ o'clock
At the time of Vision Test	1. naked eye 2. contact lens 3. using glasses
Only Female	Are you on your period now? (No ・ Yes ・ almost over)
Address	〒
Phone number	(mobile) (home)
Receipt addressee	
How to receive	1. Visit 2.Mail(need84yen for stamp･write an envelope) ~~3.e-mail~~
E-mail(optional/**In case of trouble**)	

Have you ever worked or been engaged in the following job categories.

Acclimate of high temperature / high humidity or extr emely low temperature.	No	Yes
Been exposed to radioactive material(s) in the atmosphere.	No	Yes
Have experienced extreme enclosed pressure(such as deep sea diving).	No	Yes
Have experienced use of high impact machinery(such as rock crushing machines or chain saw).	No	Yes
Have handled any potentially harmful or hazardous materials.	No	Yes
Been exposed to toxic or hazardous chemicals	No	Yes
Been exposed to noxious gas(es) or been exposed to the area where this may have existed	No	Yes
Been exposed to any viral pathogens	No	Yes

If you have ever fallen ill or developed an illness due to the please write in detail.

staff use only