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* Please complete the questionnaire in advance **in pencil**, and bring it with you on the day of the health check. Please be sure to submit it after taking the examinations.

* This form will be processed by machine, so please do not bend it or make it dirty. If you will take the breast or cervical cancer examinations, please also complete the **reverse side**.

*From the following, please fill in your current and past medical history, and complete the questionnaire for the examinations you have applied to take (the items in the double frame marked with a star).
Note: For items related to your physical condition, please mark with a line ☐ the option that applies to you for the most recent month.

	Lung cancer examination history		
	<input type="checkbox"/> No <input type="checkbox"/> Yes		

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