

Genki Sukoyaka Health Check Form (Hepatitis B·C Virus Check)

元気すこやか健診受診票 (B型・C型肝炎ウイルス検査)

Date of health check	Address Higashihiroshima City			Tel. — —	
Medical facility	Name			M · F	Age at end of coming March
Physician	To be filled in by the medical facility	Voucher checked?	Enrolled in Higashihiroshima National Health Insurance?	Free check certificate?	Date of birth Year: Month: Day:
		Yes / No	Yes / No	Yes / No	Y [Basic · Specific] · N

※ Please fill in the section within the bold lines.

To be filled in by the patient	1. Do you intend to undergo a hepatitis virus check other than at the Genki Sukoyaka Health Check? Yes · No
	2. Have you ever suffered from a liver disease or been told that your liver function is bad? Yes (When?) · No
	3. Have you ever undergone any extensive surgical procedures (major operations etc.)? Yes (When?) · No
	4. (Females only) Have you ever bled profusely during pregnancy or childbirth? Yes (When?) · No
	5. For those who answered 'Yes' to Q. 3 or 4: Do you undergo regular liver function tests? Yes · No
	6. Have you ever undergone an examination to check for hepatitis B virus? Yes (When?) · No · Don't know ↳ (Result: Positive · Negative · Unclear)
	7. Have you ever undergone an examination to check for hepatitis C virus? Yes (When?) · No · Don't know ↳ (Result: Positive · Negative · Unclear)
	8. Are you currently undergoing treatment for hepatitis B, or have you done so in the past? Yes (When?) · No · Don't know
	9. Are you currently undergoing treatment for hepatitis C, or have you done so in the past? Yes (When?) · No · Don't know
	10. Hepatitis virus checks discover carriers of the hepatitis B or C virus, and are intended to lead to appropriate treatment being provided at an early stage. This health check is not suitable for those who are currently undergoing treatment or follow-up for hepatitis B or C, or those who have completed treatment. Understanding the purpose, etc., of a hepatitis virus check, do you wish to undergo a hepatitis virus check?
	Hepatitis B virus check (HBs antigen test) · Hepatitis C virus check: I wish to undergo the test(s) · I do not wish to undergo the test(s)
Name _____ (Please sign yourself)	

To be filled in by the physician	(Hepatitis B virus check (HBs antigen test))	
	1 Positive <input type="checkbox"/> Referral letter issued	2 Negative
	(Hepatitis C virus check)	
	1 It is highly likely that the patient is currently infected with the hepatitis C virus.	① · ② <input type="checkbox"/> Referral letter issued
	2 It is unlikely that the patient is currently infected with the hepatitis C virus.	③ · ④ · ⑤
	<pre> graph TD A[HCV antigen test (can be omitted)] --> B[Positiv] B --> C[HCV antigen test] C --> D[High titer] C --> E[Moderate/low titer] D --> 1((1)) E --> F[HCV nucleic acid amplification test] F --> G[Positive] F --> H[Negative] G --> 2((2)) H --> 3((3)) E --> 3((3)) C --> 4((4)) H --> 5((5)) </pre> <p>Judgement: It is highly likely that the patient is currently infected with the hepatitis C virus</p> <p>Judgement: It is unlikely that the patient is currently infected with the hepatitis C virus</p>	
	<p>Note: Even if in this virus check the result of the hepatitis B virus check was 'negative', or the judgement of the hepatitis C virus check was 'It is unlikely that the patient is currently infected with the hepatitis C virus,' if you notice any symptoms yourself, etc., please consult a physician.</p>	
	(Medical facility → Higashihiroshima City)	