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

Date of health check			Address Higashihiroshima City			Tel				
Medical facility			Name		M	Age at end of coming March	Date of birth			
Physician					F		Year: Month:	Day:		
			Coupon number	To be filled in by the		check certificate?	,	``		
× Ploy	nco fill	ID the section within the h		medical facility	Y	• N	Y Basic · Sp	ecific∫ • N		
× Plea	ase fill in the section within the bold lines.									
To be filled in by the p	 Do you intend to undergo a hepatitis virus check other than at the Genki Sukoyaka Health Check? Yes • No Have you ever suffered from a liver disease or been told that your liver function is bad? Yes(When?) • No 									
				ensive surgical procedures (major operations etc.)?			Yes(When?) • No			
				d 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							Don't know		
		ve you ever undergone an e				Positive Negativ				
	8. Are you currently undergoing treatment for hepatitis B, or have you done so in the past? Yes (When?					→ (Result: I When?	-	ve • Unclear) • 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 kno									
	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.									
	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)									
		1								
To be filled in by the physician	(Hepatitis B virus check (HBs antigen test))									
	1 Positive Referral letter issued 2 Negative									
	1 Positive 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. Reason for judgement ① • ② □ Referral letter issued									
	 1 It is highly likely that the patient is currently infected with the hepatitis C virus. Reason for judgement (1) · (2) □ Referral letter issued 2 It is unlikely that the patient is currently infected with the hepatitis C virus. Reason for judgement (3) · (4) · (5) 									
	HCV antigen test (can be omitted)									
	V Positive Negativ									
	HCV antigen test									
	High titer Moderate/low titer Negativ									
	HCV nucleic acid amplification test									
	Positive Negativ									
			2 ¥		3)	$\begin{pmatrix} 4 \\ \Psi \end{pmatrix}$ $\begin{pmatrix} 5 \\ \Psi \end{pmatrix}$)		
		-	highly likely that the atly infected with the	-			hat the patient is e hepatitis C virus			
	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.									