## Health checkup card

Name				Date o	f birth				Date	of hire			
Name				Ger	der	Male	- Female	;					
Date of Examination													
Age													
Name of other legal special medical examinations													
Work Experience													
Previous medical history													
Subjective symptoms													
Objective symptoms													
Height (cm)													
	Weight(kg)												
В	М	I											
Abdomina	l circumferen												
Visual	Right			(	)		(	)		( )		(	)
acuity	Left			(	)		(	)		( )		(	)
	Right	1000Hz		ings Find		No findings	Finding	S	No findings	Findings	No findings	Finding	;s
Hearing		4000Hz		ings Find		No findings	Finding	S	No findings	Findings	No findings	Finding	;s
	Left	1000Hz	No find	ings Find	dings	No findings	Finding	S	No findings	Findings	No findings	Finding	;s
		4000Hz	No find	ings Find	dings	No findings	Findings	S	No findings	Findings	No findings	Finding	;s
	Method of exa	aminatior	1.Augio	2. Ot	hers	1.Augio	2.0ther	s	1.Augio	2.0thers	1.Augio	2.0ther	s
	Chest X-ray		Direc	t Indir	ect	Direct	Indirect	t	Direct	Indirect	Direct	Indirect	:
0	Date of X-ray												
X−ray result		F											
Sputum Examination		ion											
Blood p													
Anemia	Hemoglobin ( g	; / d I )											_
test	Red blood co												_
Liver function test	( <u>10000</u> GOT(IU												
	G P T ( I U ∕ I )												_
	γ — G T P (	IU / I )											_
	LDL cholesterol(	mg∕dl)											
Blood lipid test	HDL cholesterol(mg/dl)												_
	Triglycerides (mg∕dl)												
Blood glucose test(mg∕dl)													
Urine test	Suge		-+	++ +	++	- + -		+	-++	+ +++	-++	+ +++	_
	Protei			++ +			++++		-++-		-++		
Ele	Electrocardiogram												

Date of Examination		
Other Legal Inspections		
Other Inspections		$\nearrow$
Physician's Diagnosis		
Name of physician who conducted the medical examination		
Opinion of physician		
Name of the physician who gave the opinion		
Physical Examination by Dentist		
Name of the dentist who conducted the medical checkup		
Opinion of Dentist		
Name of the dentist who gave the opinion		$\nearrow$
Remarks		

## Remarks

- 1 To be used when a medical examination under Article 44, 45, 47, or 48 of the Industrial Safety and Health Regulations, a medical examination under Article 66, paragraph 4 of the Industrial Safety and Health Law (excluding medical examinations at the time of hiring), or a medical examination under Article 66–2 of the same law is conducted. or Article 66–2 of the same law.
- 2 In the "Name of other statutory special medical examinations" column, enter the following number if there is a statutory medical examination that is supposed to be conducted because the worker concerned is engaged in specific work.

(1. organic solvents 2. lead 3. tetraalkyl lead 4. specified chemical substances 5. hyperbaric work 6. ionizing radiation 7. asbestos 8. pneumoconiosis)

3 BMI shall be calculated by the following formula.

BMI= Body weight (kg)

Height (m)2

4 In the "Visual acuity" column, enter the uncorrected value outside the parentheses () and the corrected value inside the parentheses ().

- 5 For the examination method in the "Hearing" column, circle 1 if an audiometer is used, and circle 2 if a nonaudiometer is used. For hearing tests conducted by a method deemed appropriate by a physician in accordance with the provisions of Article 44, Paragraph 5 of the Industrial Safety and Health Regulations, enter the presence or absence of findings in the 1,000 Hz space, without dividing the test into 1,000 Hz and 4,000 Hz spaces.
- 6 In the column of "Other statutory inspections," enter the results of the medical checkups prescribed in Article 47 of the Industrial Safety and Health Regulations and the medical checkups conducted under the instructions of the director of the Prefectural Labor Standards Bureau pursuant to Article 66, paragraph 4 of the Industrial Safety and Health Law, except for the items in the respective corresponding columns.

, In the "Doctor's diagnosis" column, enter the doctor's diagnosis such as no abnormality, close examination required,

' or treatment required.

<sup>8</sup> In the "Doctor's Opinion" column, enter the doctor's opinion on measures to be taken in the event that an abnormality is found as a result of the medical checkup.

<sup>9</sup> In the "Medical checkup by a dentist" column, enter the medical checkup as stipulated in Article 48 of the Occupational Health and Safety Regulations.

10 In the "Opinion of Dentist" column, enter the opinion of the dentist regarding measures to be taken on the job when an abnormal finding is diagnosed as a result of a medical checkup by a dentist.