

(表面)

RESULT OF MEDICAL CHECKUP (特定健康診査受診結果通知表)

Name in Kana (フリガナ)		Date of birth (生年月日)	year(年) month(月) day(日)	Date of checkup (健診年月日)	year month day
Name (氏名)		Sex(性別) Age(年齢)	M・F (男)・(女)	Years (歳)	Card no. for the checkup (特定健康診査受診券番号)

Anamnesis (既往歴)			
Medication history (服薬歴)		Smoking History (喫煙歴)	
Subjective symptom (自覚症状)			
Objective symptom (他覚症状)			

Items (項目)	Standard value (基準値)	Present result (今回)	Last result (前回)	One to the last (前々回)
Body measurement (身体計測)	Height (身長) (cm)			
	Weight (体重) (kg)			
	Waist (腹囲) (cm)			
	BMI			
Blood pressure (血圧)	Systolic (収縮期血圧) (mmHg)			
	Diastolic (拡張期血圧) (mmHg)			
Blood lipid (血中脂質検査)	Fasting neutral fat (空腹時中性脂肪) (mg/dl)			
	Casual neutral fat (随時中性脂肪) (mg/dl)			
	HDL-cholesterol (HDL-コレステロール) (mg/dl)			
	LDL-cholesterol (LDL-コレステロール*) (mg/dl)			
	Non-HDL-cholesterol (Non-HDLコレステロール*) (mg/dl)			
Hepatic function (肝機能検査)	A S T (G O T) (U/l)			
	A L T (G P T) (U/l)			
	γ - G T (γ - G T P) (U/l)			
Blood glucose test (血糖検査)	Fasting blood glucose (空腹時血糖) (mg/dl)			
	HbA1c (ヘモグロビンA1c(NGSP値)) (%)			
	Casual blood glucose (随時血糖) (mg/dl)			
Urinalysis (尿検査)	Glucose (糖)			
	Protein (蛋白)			
	Occult blood (潜血)			

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Anemia test (貧血検査)	Red blood cell count (万/mm ³) (赤血球数)				
	Hemoglobin level (g/dl) (血色素量)				
	Hematocrit level (%) (ヘマトクリット値)				
Electrocardiogram (心電図検査)	Findings (所見)				
Fundus examination (眼底検査)	Findings (所見)				
Serum creatinine test (血清クレアチニン検査)	Serum creatinine level (mg/dl) (血清クレアチニン値)				
	eGFR (ml/min/1.73m ²)				
Metabolic system (代謝系)	Uric acid (尿酸) (mg/dl)				

Metabolic syndrome diagnosis (メタボリックシンドローム判定)			
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Doctor's diagnosis (医師の判断)	Doctor's findings (evaluation) (医師の所見(判定))	
	Reasons for not conducting detailed testing (詳細検査実施の理由)	
	Reasons for not conducting testing (検査未実施の理由)	
	Doctor's name (医師の氏名)	