

# Health check's application form

Furigana(Pronunciation)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Name			
Date of birth	DD	MM	YYYY ( Age )
Do you have any illnesses that you are currently treating? and What is the name of the medication you are taking? <input type="checkbox"/> None <input type="checkbox"/> have/had	Major illness/surgery in the past,or illnesscurrently		
	From what age (ex.) 42~	illness name high blood pressure	medication / treatment Amlodipine
Tabacco	1. Do not smoke at all. 2. Smoke about _____ cigarettes /day · _____ years smoke 3. Used to smoke for _____ years. About _____ cigarettes /day.		
Alcohol	1. Do not drink at all. 2. Drink _____ times a week. About _____ glass(es)/can(s)/bottle(s)		
When was the last time you ate something?	[ Today	[ am	_____ o'clock
Only Female	[ Yesterday	[ pm	_____ o'clock
Address	〒		
Phone number	(mobile)	(home)	
Receipt address (if you wish)			
How to receive	1. Visit 2.Mail(need84yen for stamp·write an envelope) 3.e-mail		

## Have you ever worked or been engaged in the following job categories.

Acclimate of high temperature / high humidity or extremely low temperature.	No	Yes	If you have ever fallen ill or developed an illness due to the work, please write in detail.
Been exposed to radioactive material(s) in the atmosphere.	No	Yes	
Have experienced extreme enclosed pressure(such as deep sea diving).	No	Yes	
Have experienced use of high impact machinery(such as rock crushing machines or chain saw).	No	Yes	
Have handled any potentially harmful or hazardous materials.	No	Yes	
Been exposed to toxic or hazardous chemicals	No	Yes	
Been exposed to noxious gas(es) or been exposed to the area where this may have existed	No	Yes	
Been exposed to any viral pathogens	No	Yes	