## To faculty and staff members who has taken Annual Physical Examination

Those who have taken Annual Physical Examination and have been informed of the need for re-examination or detailed examination, please visit a medical institution of your convenience in one month or by the date specified (please note that the fees are not covered by HU except for Chest X-Ray at L-Plaza). Once you get your results, complete and submit this form to the Office of Internal Medicine at the Health Care Center via campus mail\* (Mail Number 31). \*please do not contact us via phone call or email to inform us of the result.

## ~ Please complete the section below after you have taken re-examination or detailed examination~

Affiliation (department, division or institute, etc.) :			
Employee ID Number :			
Name (please print) :			
Date of your Annual Physical Examination:	1	1	(mm /dd / yy)
<ul><li>Date of your re-examination or detailed examination:</li><li>Name of medical institution : (</li></ul>	/	I	(mm /dd / yy)
<ul> <li>Please circle the test (s) Electrocardiogram · High Bloomequired at the Cholesterol · Lipid Panel · Uric Acid re-examination Chest X-Ray · Urine Gluco (if you have taken more than one, Urine Sediment · Circle of list all that apply). Other (</li> <li>Please provide the diagnosis you have received at you</li> </ul>	• Liver Fu ose • Urine Observati	inction • Car e Occult Bloc on and Inspe	bohydrate Metabolism od · Urine Protein ection · Hearing Test )
			Treatment needed
Re-examination (in months) · Outpatient treatment ·	Follow-u	up visit	
Lifestyle improvement (e.g. meals, workouts, etc.) • Continu			
•		eded •	Treatment needed
Re-examination (in months) · Outpatient treatment ·		•	ont . Other
Lifestyle improvement (e.g. meals, workouts, etc.) · Continu 3) Diagnosis ( ) No need to get treatme			
Re-examination (in months) · Outpatient treatment ·		_	<u>cauncht</u>
Lifestyle improvement (e.g. meals, workouts, etc.) · Continu		•	ent · Other
<u>4) Other</u> (			)
<ul> <li>Annual Physical Examination is mandated for all eligible HU e required to comply with the "Measures for following-up the r Health, Labour and Welfare. Please be sure to take the Annual well-being.</li> <li>If you have any questions, please contact one of our internal results.</li> </ul>	nedical ex	camination",	the guidelines by the Ministry of tion to keep track of your healt

Center listed below. Thank you very much for your cooperation.

HASHINO Satoshi, Director, Health Care Center, Hokkaido University

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