Latter-stage Elderly Healthcare Insurance			
Health Examination Ticket Number		Notice number	
Name (in kana)			
Age	y/o (As of 2027/03/31)	Sex	
Date of Birth			
Valid until			

Latter-stage Elderly Healthcare Health Checkup Ticket for the 2026 Fiscal Year Issued

- **Please read "Specific/General Health Checkup Information" for the 2026 Fiscal Year included in the same envelope.**

※Please check the period of validity of this ticket above.

- **Please bring the following with you:**
  - ☐Health Checkup Ticket
  - ☐Something to confirm your eligibility for the Latter-stage Elderly Health Insurance system
    (My Number card linked to your health insurance, "Health Insurance Qualification Confirmation Form"
    (資格確認書, *shikaku kakunin-sho*))
    * If you will be having a combined Ningen Doc exam (included JA Toyohashi Ningen Doc exams) or receiving your checkup together with a group, you may have to bring different documents, etc.
- **Filling out your health checkup ticket:**
  Please fill out the questionnaire on the reverse of this page. If you will be receiving your checkup with a group, you only need to fill out the phone number (TEL) field. If you have any medical history or concerns, please discuss them directly with your doctor. This info will not appear on your checkup results.

※For clinic/medical institution use only.

Checkup Date	Month Day		Latter-stage Elderly Health Insurance Card#		
Body Measurements	Height . cm	Weight . kg	BMI .		
Observable Symptoms	No / Yes		Blood Pressure	SBP / DBP mmHg	
Urinalysis	Protein − ± + ++ +++	Sugar − ± + ++ +++	Kidney		
Detailed Health Examinations — Reason for Exam	Anemia	Past history / Potential			
	Electro-cardiogram	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results.	Potential arrhythmia		
	Eye Fundus	Blood pressure: Individuals whose SBP was 140 mmHg and over/DBP was 90 mmHg and over in the current year's checkup results.	Blood sugar: Individuals whose blood sugar was 126mg/dℓ or over with an empty stomach, or individuals with an HbA1c (NGSP) of 6.5% and over, or those whose blood sugar is at or above 126mg/dℓ at all times. (For individuals who received their checkup at a medical institution, refer to this year's checkup results. For individuals who did their checkup with a group, refer to last year's checkup results.)		
	Anemia: No / Yes	Electro-cardiogram: No / Yes	Eye Fundus: No / Yes	Name of requested clinic	Code
Observations — Electro-cardiogram	Code	Eye Fundus: Code	Scheie Classification: S0 S1 S2 S3 S4	H0 H1 H2 H3 H4	
Necessary to recommend follow-up exams?	No				
	Yes	BP 1 / Fats 2 / BG 3 / Liver 4 / Kidney 5 / UA 6 / Anemia 7 / ECG 8 / FO 9 / Other			
Clinic Name 医院名		Clinic Code 医院コード	Physician Name 医師氏名	Class 種別	**後期高齢63**

■For patient use (Please fill out the following information) Information may be used for health services, such as sending SMS messages to cell phone numbers to recommend health checkups, etc.		☎ TEL	— —
			Please draw a diagonal line (/) through the applicable box ☐
1	How would you describe your current health?		☐ Excellent ☐ Good ☐ Normal ☐ Not good ☐ Terrible
2	Are you satisfied with your daily life?		☐ Yes ☐ Somewhat ☐ Not really ☐ Not at all
3	Do you eat three proper meals per day?		☐ Yes ☐ No
4	Compared to half a year ago, has it become more difficult for you to eat hard foods*? *such as *saki ika* (dried squid) or *takuan* (pickled radish)		☐ Yes ☐ No
5	Do you sometimes choke when drinking tea, soup, or other fluids?		☐ Yes ☐ No
6	Have you lost 2 kg or more within the past 6 months?		☐ Yes ☐ No
7	Has your walking pace gotten slower compared to before?		☐ Yes ☐ No
8	Have you fallen down in the past year?		☐ Yes ☐ No
9	Do you exercise (walk, etc.) at least once per week?		☐ Yes ☐ No
10	Are you told by other people that you are forgetful or always ask the same thing?		☐ Yes ☐ No
11	Do you sometimes forget what day and/or month it is?		☐ Yes ☐ No
12	Do you smoke tobacco?		☐ Yes ☐ No ☐ I quit smoking
13	Do you go out at least once per week?		☐ Yes ☐ No
14	Do you usually interact with family or friends?		☐ Yes ☐ No
15	Is there someone close to you that you can ask for help when you aren't feeling well?		☐ Yes ☐ No
16	When was the last time you ate a meal?		☐ Within 3.5 hours ☐ 3.5-10 hours ago ☐ 10+ hours ago
17	What made you decide to take this health checkup?		☐ I have a checkup every year ☐ I have received a ticket ☐ My doctor's recommendation ☐ city official's recommendation ☐ concerns on my health ☐ others

Insurer	Address	1-chome-6-5 Izumi, Higashi-ku, Nagoya, Aichi
	Telephone	052-955-1205
	Insurer Number	39232012 (Toyohashi City)
	Insurer Name	Aichi Prefecture Latter-stage Elderly Healthcare Association
Payment Agency Number		92399021
Payment Agency Name		Aichi Prefecture National Health Insurance Federation

Inquiries
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