＜検診票翻訳文＞

※※Please bring this form and the other contents of the letter including the envelope with you.

2021 Toyohashi-city Eye Health Questionnaire 令和3年度（2021年）眼科検診票

	Question	No	Yes		
1	Are you currently undergoing treatment for any of the following?	No	Yes	High Blood Pressur	Diabetes
				Liver disease	Heart disease
				Hyperlipemia	Kidney disease
				Allergies	Collagen disease
				Tuberculosis	
				Others ( )	
2	Have you suffered from any eye diseases?	No	Yes	Cataracts	
				Glaucoma	
				Age-related macular degeneration	
				Others ( )	

	Question	No	Yes	
3	Symptoms	No	Yes	My vision in one eye is blurry and cannot see things clearly like before, even with glasses.
				I am very sensitive to light and I see a rainbow-like reflection around the light.
				My vision is getting narrow and I stumble easily.
				I see black spots floating in my vision.
				I have distorted vision and can see a dark gray spot in the center of my vision.
				I have diabetes but I have not seen an eye doctor for more than one year.