Minato City Hepatitis Virus Screening Form and Results Report

*Firmly write with a ballpoint pen so your information shows up on the duplicate pages behind this.

Attach your hepatitis virus checkup ticket here

Examination Date (YYYY/MM/DD): 1 1 Date of Birth (YYYY/MM/DD) Sex Furigana reading 1 1 M/FName Telephone Number: () [Ouestionnaire] 1. Have you ever had a liver disease or been told that your liver function is poor? A. Yes (About years) B. No 2. Have you undergone extensive surgical procedures? A. Yes (About years) B. No For those who answered "Yes": Do you have regular liver function tests? Yes No 3. (Women only) Have you ever experienced heavy bleeding during pregnancy or childbirth? A. Yes (About B. No years) For those who answered "Yes": 4 Do you have regular liver function tests? Yes No filled in by patient 4. Have you ever been tested for the hepatitis C virus? A. Yes (About B. No C. Don't know years) 5. Have you ever been tested for the hepatitis B virus? B. No C. Don't know A. Yes (About years) 6. Are you currently or have you ever been treated for the hepatitis C virus? A. Yes (About years) B. No C. Don't know þe 7. Are you currently or have you ever been treated for the hepatitis B virus? Го A. Yes (About B. No C. Don't know years) Do you wish to be screened for the hepatitis virus after agreeing to the below purpose and precautions? (signature required for screening) Based on the Health Promotion Act, the purpose of this screening is to prevent health problems caused by hepatitis, to reduce symptoms, and to slow the progression of the disease in those found to be infected by the hepatitis virus by having them receive health guidance as necessary and [Purpose] visiting a medical institution. visung a medical institution. (1) This screening is for individuals who have never had a Minato City hepatitis virus test before. (2) In order to promote treatment, the results will be provided to the Minato Public Health Center and the Tokyo Metropolitan Government. (3) Individuals who test positive for hepatitis B and individuals who are highly likely to be infected with hepatitis C will be contacted by the Minato Public Health Center at a later date (by phone or by letter) to confirm their current status and to recommend treatment. [Precautions] •I would like to be tested for the hepatitis C virus. (signature) Name · I would like to be tested for the hepatitis B virus. Name (signature) **Results** (Circle the result) *For positive results, please submit a report.

tion	Hepatitis C virus test		Hepatitis B virus test (HBs antigen test)		Special notes
be filled in by medical institution		3. Medium/low value for HCV antibody test + negative RNA test There is a low possibility that you are	1. Positive Visiting a medical institution is strongly recommended. Visit a specialist at least once.	2. Negative	
To ł	$\Box \text{Independent testing (check the box } \square \text{ if applicable})$				

Name of medical institution:	Name of medical institution conducting hepatitis virus screening Doctor name:
	Telephone number: ()
(For submission to Minato City)	Ref. No.

2024