

# Minato City Hepatitis Virus Screening Sheet

Paste the hepatitis virus screening ticket.

\*Please use a ball point pen and write firmly; this is a set of the three carbon copied sheets.

Screening date: <b>Month</b>		<b>Day</b>	<b>Year</b>	
Name	Family name	First name	Date of birth	
			Month	Day Year (Age: )
			Tel. ( )	
			Sex	Male Female

**[Questionnaire]**

1. Have you ever had liver disease or been diagnosed as having liver damage before?  
 1 Yes (Which year? ) 2 No

2. Have you ever had any major operations before?  
 1 Yes (Which year? ) 2 No

To those who answer "Yes," do you have regular liver function tests? Yes No

3. Only for female: Have you had massive bleeding during your pregnancy or confinement?  
 1 Yes (Which year? ) 2 No

To those who answer "Yes," do you have regular liver function tests? Yes No

4. Have you ever had the hepatitis C virus screening before?  
 1 Yes (Which year? ) 2 No 3 No idea

5. Have you ever had the hepatitis B virus screening before?  
 1 Yes (Which year? ) 2 No 3 No idea

6. Have you ever had the hepatitis C treatment?  
 1 Yes (Which year? ) 2 No 3 No idea

7. Have you ever had the hepatitis B treatment?  
 1 Yes (Which year? ) 2 No 3 No idea

**[Do you want to have the hepatitis virus screening even after fully understanding its purpose?]**

(Signature required for screening)

<Purpose> The purpose of this screening is to avoid health disorders caused by hepatitis, to reduce symptoms and to delay the development of the condition. This is achieved when the hepatitis virus infected or possibly infected patient receives health guidance as required, and receives an exam at the medical institute according to the Health Promotion Act.

<Notes> 1. This exam is applicable to the persons who have not received a Minato City Hepatitis Virus Screening before. 2. Your results are collected by the public health center and the Tokyo Metropolitan Government. 3. For the person whose Hepatitis B screening result is "Positive" or has possibly been infected with Hepatitis C, the person will be contacted by the public health center for current status confirmation and given a recommendation for treatment (telephone or letter).

•About hepatitis C virus screening  
 (1) Yes (2) No

Name \_\_\_\_\_ (Signature)

•About hepatitis B virus screening  
 (1) Yes (2) No

Name \_\_\_\_\_ (Signature)

**Result (Circle an appropriate number.)**

For clinic use only	Hepatitis C virus screening				Hepatitis B virus screening		Special notes
	1	2	3	4	1. Positive	2. Negativ	
	1, 2. : Currently, there is a high possibility that you have been infected with the Hepatitis C Virus. It is strongly recommended that you visit a medical institution to receive a detailed examination. At least once, consult with a medical specialist.				It is strongly recommended that you visit a medical institution to receive a detailed examination. At least once, consult with a medical specialist.		
3, 4. : Currently, there is little possibility that you have been infected with the Hepatitis C Virus. Keep the date of this exam in mind. If you have any subjective symptoms, receive the exam again.				Keep the date of this exam in mind. If you have any subjective symptoms, receive the exam again.			
<input type="checkbox"/> Only this screening (Please tick the box if it applies.)							

**Scanning procedure (Please tick the box if it applies.)**

We requested the scan to the following medical institution:

Name of the medical institution

Name of medical institution for primary screening  
 Name  
 Physician's Name  
 Tel. ( )

(To Minato City)

Ref. No. \_\_\_\_\_