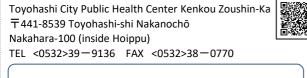
Post Card



Important 2024

Hepatitis Virus Examination

Voucher



For more information, scan the

Please open here

* Please fill in the bolded fields before the examination									
	Address								
	Name	Furigana ()		
Da	ite of Birth			()	Gender	Μ	F	
No	otification nur	nber				Fee	Free o	f charge	e
	Mobile pl	none							
(Landline number)									
			Q	UESTION	NAIRE				
1	 Will you be receiving any other medical examinations (health services provided by your medical insurance or any exams required by law, etc.) which include a hepatitis test? Yes • No 						No		
2	${\bf 2}$ $$ Have you ever had any liver disease or were told that your liver functions poorly?						Yes •	No	
3	(female) have you experienced serious blood loss during pregnancy or labour? Yes • No								
	[Only for those w Do you have your				2			Yes •	No
4	Have you ever been tested for hepatitis B or C?				Yes •	No			
5	Have you ever been treated for hepatitis B or C? Yes • No					No			

After understanding the hepatitis virus examinati 肝炎ウイルス検査の目的等を理解	Yes • No	
Name	A ACCORECTED A A	
検査月日	特定健診と (人間ドック時は単独)	同時 · 単独
医院コード	医院名	

HEPATITIS VIRUS TEST INFORMATION

Eligibility	①Persons who are 40 years old.
Lingibility	②Persons over 41 who have not been tested before.
	3Persons over 41 whose liver function test indicated an abnormality during the
	health checkup this fiscal year.

XAge as of March 31, 2025

Examination period		May 7,2024 to January 31, 2025 (The deadline for those in category ③ is the end of February)					
E	xamination locations	Medical institutions with hepatitis virus ex (The participating medical facilities will be listed on the Toyohashi city homepage)	amination				
Examination Fees		Free of charge					
Examination procedure		Blood test Testing for hepatitis B (antigen HBs), hepatitis C (antibody HCV). (Depending on test results, you will receive a HCV Nucleic Acid Amplification Test.)					
E	xamination results	The doctor will explain the results directl	y to you.				
	Others	You do not need to skip meals if you are taking this examination We will not share any personal informati obtained with any other organizations					
	Recommended for Persons who have Toyohashi National Health Insurance or Medical care system for the advanced elderly insurance						
	If you will have a Specific Health Checkup in a medical institution						
	, ,	in Toyohashi, it is recommended to have this examination at the					
	same time. Please be aware that this examination will not be carried out during group checkups.						

* Please fill in the bolded fields before the examination