(　　)Annual health checkup detailed examination result report

Date:

Faculty

Name　　ID number

Items that became D１：Detailed examination required D３：Urgent examination required	
Date of medical examination	
Name of medical institution	
Results of the examination (Enclose the number in circles for the result)	1. No abnormalities 2. Minor findings (no treatment required) 3. Follow-up　　4. Treatment required 5. Undergoing treatment

Data, Contents, etc.

(If possible, please include or attach the examination data and contents of the consultation below.)

※ After visiting a medical institution, please fill out by yourself.

※ Please use one sheet for each item that requires detailed inspection.

※ After filling out the form, write your "affiliation faculty and your name" on the back of the envelope and send it to Health center, Safety and Health Organization.
Or please submit it by e-mail (be sure to include password with the data).

Safety and Health Organization Ext.: 2214　　E-mail: info-hsc@office.chiba-u.jp