

|                                   |                 |          |     |         |   |   |
|-----------------------------------|-----------------|----------|-----|---------|---|---|
| Certificate of Residence as noted | Chiba City Ward |          |     |         |   |   |
|                                   | Furigana Name   |          |     |         |   |   |
| Date of Birth                     | Year            | Month    | Day | Gender  | M | F |
| phones                            | mobile etc      | Weekdays |     | daytime |   |   |
|                                   |                 |          |     |         |   |   |

<Please contact the medical institution.>  
If you are a medical institution, please attach a consultation ticket sticker here.

\*Please check that there are no omissions in the address, etc. Written by the patient in the thick frame on the left.

Free for over 70

Reference number

22 221

\*For individual medical institutions, enter the name of a doctor registered for gastric cancer screening in Chiba City.  
(A seal is required if not signed)

## Please circle or fill in the following items.

|                            |   |                             |  |
|----------------------------|---|-----------------------------|--|
| Examination History        | 1 Have you ever been screened for stomach cancer?<br>1 No 2 Yes ( Year Month)   | drinking history            | 1 Do you drink alcohol?<br>1 Do not drink 2 Drink  |
|                            | 2 Have you ever had an endoscopy for gastric cancer?<br>1 No 2 Yes ( Year Month)  |                             |  |
| Pylori eradication History | Have you ever received eradication therapy for Helicobacter pylori?<br>1 No 2 Yes ( Month Year) 3 Unknown<br>→ 1 Successful 2 Unsuccessful 3 Unknown  | smoking history             | 1 Do you smoke?<br>1 I smoke 2 I don't smoke   |
|                            | 1 None 2 Gastritis 3 Gastropotosis<br>4 Gastric ulcer 5 Duodenal ulcer 6 Gastric polyp<br>7 Cholecystitis 8 Cholelithiasis<br>9 Other ( )   |                             | 2. For those who currently smoke, about quitting smoking<br>1 I want to quit smoking within 1 month<br>2 I want to quit smoking someday  |
| Family History             | Has anyone in your family had stomach cancer?<br>1 No 2 Yes (Relationship: )  | current subjective symptoms | 1. Do you currently have any subjective symptoms?<br>1 No particular abnormalities 2 Heartburn<br>3 Feeling sick 4 My back hurts<br>5 Stomach hurts when hungry 6 Burp<br>7. No appetite 8. Stomach pain regardless of meals<br>9 Strong appetite 10 I'm getting thin<br>11 Other symptoms ( ) |
| Hospital/operation History | 1 Do you currently go to the hospital for gastrointestinal disease?<br>1 No 2 Yes<br>Name of disease ( )<br>2 Have you ever had gastric or duodenal surgery?<br>1 none [Implementation period: year<br>Disease name: Total<br>Stomach condition: gastrectomy Other ( )] |                             | 2. When did you start having subjective symptoms?<br>( ) months ago  |
| Life style and food        | 1 Do you eat irregularly?<br>1 No 2 Yes<br>2 Do you like salty foods?<br>1 No 2 Yes   |                             |  |

\*Referral medical institutions, etc. to persons requiring detailed examination

|                                |                                   |  |    |     |
|--------------------------------|-----------------------------------|--|----|-----|
| Code                           | photographed date                 |  |    |     |
|                                | 2 0                               | Yr   | Mo | Day |
| Group X-ray photography number |                                   |  |    |     |
| Doctor's entry column          | First reading doctor name         |  |    |     |
|                                | Second reading doctor name        | <input type="checkbox"/> Interpretation Committee  |    |     |
|                                | Findings (upto 3)                 | 01 No findings 07 Mass opacity 13 Gastropotosis<br>02 Transformation 08 Insufficient supply 14 Gallstones<br>03 Abnormal mucosa 09 esophagus residue 15 Extragastric shadow<br>04 Shadow defect 10 Diverticulum 16 Others<br>05 Polyp-like elevation 11 Waterfall stomach ( )<br>06 Niche 12 Stomach resection |    |     |
|                                | Part (upto 4)                     | 01 Esophagus 08 Vestibule 14 Back wall<br>02 Cardia 09 Pylorus 15 Others<br>03 Phornics 10 Duodenal bulb ( )<br>04 Gastric corpus 11 Lesser curvature<br>(upper/middle/lower) 12 Great curve<br>07 Horn of stomach 13 Anterior wall  |    |     |
| judgement                      | 1 No detailed inspection required | <input type="checkbox"/> Examination next year<br><input type="checkbox"/> Follow-up in 6 months   |    |     |
|                                | 2 Detailed inspection required    |  |    |     |

## For those who have undergone stomach cancer screening

Please read the explanation below about the results of stomach cancer screening.

Please use it for future cancer prevention, early detection and treatment.

★ Let's know the results of cancer screening.

Ask the medical institution where you took the test to explain the results.  
If you are taking a group checkup, please check the mailed results.

Which of the following was the "judgment"?

- ☐ No detailed inspection required ..... → to ①
- ☐ Detailed inspection required ..... → to ②
- ☐ Those who have written in the "Comment" column ..... → Go to ③

① Those who do not need detailed examination

"No abnormalities were found in this examination." Get a stomach cancer screening regularly.

② Those who require a detailed inspection

"It is necessary to undergo a detailed examination for the presence or absence of stomach cancer."

→ Go to "How to receive a detailed inspection"

③ Those who have written in the "Comment" column

Please check the details with the medical institution where you received the examination.

★ How to receive a detailed inspection

○ For individual examinations, please use the Chiba City Precise Stomach Cancer Test Request Form issued by medical institutions and "Health Insurance Card" to have a medical examination.

○ If you have a group checkup, please use the Chiba City Precise Stomach Cancer Certificate issued by Chiba City and your health insurance card.

\* As a reference for where to go to see a doctor, please refer to the separate sheet "Information on Detailed Examinations".

Please see stomach cancer detailed examination cooperation medical institution.

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Stomach cancer screening does not detect 100% of stomach cancer.  
If you have subjective symptoms, please consult a medical institution immediately.

### What is stomach cancer

Both the morbidity and mortality rates by site for gastric cancer are 2nd for men and 4th for women. (Source: National Cancer Research Center Cancer Information Service Cancer Registry and Statistics" (National Cancer Registry))

#### ① Subjective symptoms

In the early stages, there are almost no subjective symptoms, but for some people, the food may irritate their throats, heavy stomach, weight loss, food being stuck  
There is also if you already have subjective symptoms

Please seek medical attention as soon as possible.

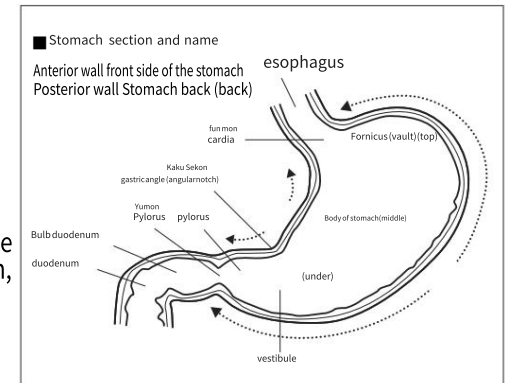
#### (2) Advice for prevention

Several risk factors have been identified as the cause of gastric cancer.

- Don't smoke and avoid other people's cigarette smoke.
- Drink moderately and eat a balanced diet.
- Eat less salty foods and don't run out of vegetables and fruits.
- Exercise moderately and manage your weight appropriately.
- Prevent and treat viral and bacterial infections.

In recent years, it has become clear that *Helicobacter pylori* is significantly involved in the development of gastric cancer. *Helicobacter pylori* eradication therapy can reduce the risk of developing gastric cancer in the future.

- Let's receive cancer examination regularly.
- If you notice any abnormalities in your body, seek medical attention immediately.
- Let's learn about cancer with correct cancer information.



### Health consultation

The Health Division of each ward's Health and Welfare Center provides health consultations such as prevention of lifestyle-related diseases, as well as smoking cessation support (individual consultations for those who wish to quit smoking). In addition, please note that the Health Division may inform you about health-related lectures, etc.

For information on the Health Division, please see the "Information on cancer screening, etc."

Please note that the examination results may be aggregated and published. However, when publishing, only the aggregated figures will be published, and personal information such as names will not be published at all.

[Inquiries regarding examinations]

Health Support Division, Health and Welfare Department, Health and Welfare Bureau, Chiba City

TEL 043-238-1794 FAX 043-238-9946