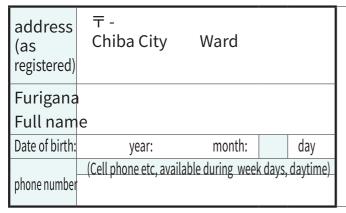
Chiba City Hepatitis Virus Examination Record Sheet

Expiration date February 28, 2023



< Request to the medical institution. > consultation ticket sticker here.

Examination Fee Free for over 70

124

22

Doctor's * For individual medical institutions, enter the name of a registered doctor for osteoporosis screening in Chiba City (A seal is required if not signed)

Institution Code

Hepatitis virus screening is an early stage for hepatitis virus-positive people.

The aim is to discover and link to treatment. If you are currently or have been treated for hepatitis, Prioritize medical care and regular check-ups. (It is not subject to examination.)

Please circle or fill in the following items.

Blood transfusion experience	1 Yes (about	age)
	2 none	
surgical experience	1 Yes (about	age)
	2 none	

1 No previous or current treatment 1 Abnormal liver function 2 Currently undergoing 2 Hepatitis treatment 3 Cirrhosis 4 Others (1 Abnormal liver function 3 Have had treatment in 2 Hepatitis the past or have been 3 Cirrhosis pointed out

4 Others (

Do you wish a hepatitis virus examination with understanding of the purpose

About liver disease

Hepatitis B virus (HBs antigen) test	1 wish 2 do not want	
Hepatitis C virus test	1 wish	
riepatitis e virus test	2 do not want	

Hepatitis B virus (HBs antigen) test

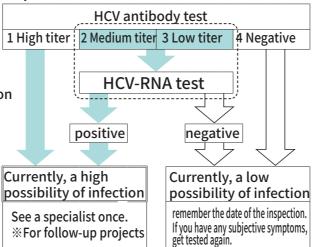
Strongly recommend to seek a medical specialist once. ※To follow-up programs

Positive

Pls remember of the inspection date. If you have any subjective symptoms, get tested again.

Negative

hepatitis C virus test



Consultation date lblood Physician entry fielddaysamplingdate 2 0 vr mo C **HCV-RNA** test If the HCV Hepatitis (virus test antibody test *circle if you did it is medium or low 1 Implemented titer test result(1 positive

Judgment (HBs antigen) 2 negative 1 Currently likely to be infected with hepatitis C virus **Hepatitis C virus** 2 Currently unlikely to be infected with hepatitis C virus

Response to positive people

Hepatitis B virus

A hepatitis set was handed over to the patient, and a detailed examination was recommended.

*Positive person follow-up project (see back for details)
This program is for those who are "positive" or "highly likely to be infected" It does not matter whether you provide consent before or after the test. (Those who are negative or have a low possibility of infection are not eligible.)

I read the explanation of the "positive person follow-up program" and agree to participate the program.

☐ Agree ☐ Disagree

*If you have "1" in either or both of the judgments,

please be sure to fill in.

Medical Institution

Name

Address

Name