



Post Card

**Important** 2024  
**Hepatitis Virus Examination  
 Voucher**

Toyohashi City Public Health Center Kenkou Zoushin-Ka  
 〒441-8539 Toyohashi-shi Nakanochō  
 Nakahara-100 (inside Hoippu)  
 TEL <0532>39-9136 FAX <0532>38-0770



For more information, scan the

Please open here

**\* Please fill in the bolded fields before the examination**

|                                   |  |              |                |   |          |
|-----------------------------------|--|--------------|----------------|---|----------|
| Address                           |  |              |                |   |          |
| Name                              |  | Furigana ( ) |                |   |          |
| Date of Birth                     | ( )  | Gender       | M              | F |          |
| Notification number               |  | Fee          | Free of charge |   |          |
| Mobile phone<br>(Landline number) | — —  |              |                |   |          |
| QUESTIONNAIRE                     |  |              |                |   |          |
| 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 |
| 2                                 | Have you ever had any liver disease or were told that your liver functions poorly?   |              |                |   | Yes · No |
| 3                                 | Have you ever undergone any large surgical procedure (major surgery, etc.) or (female) have you experienced serious blood loss during pregnancy or labour?<br>[Only for those who answer <b>yes</b> for question 3]<br>Do you have your liver function tested regularly? |              |                |   | 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 |

|   |                      |          |
|---|----------------------|----------|
| After understanding the purpose of the exam, do you wish to have the hepatitis virus examination?<br><small>肝炎ウイルス検査の目的等を理解したうえで、検査を希望しますか？</small> |                      | Yes · No |
| Name  |                      |          |
| 検査月日  | 特定健診と<br>(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.  
 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.

※Age as of March 31, 2025

|                       |   |
|-----------------------|---|
| Examination period    | May 7, 2024 to January 31, 2025<br><small>(The deadline for those in category ③ is the end of February)</small>   |
| Examination locations | Medical institutions with hepatitis virus examination<br><small>(The participating medical facilities will be listed on the Toyohashi city homepage)</small>          |
| Examination Fees      | Free of charge  |
| Examination procedure | Blood test<br>Testing for hepatitis B (antigen HBs), hepatitis C (antibody HCV). (Depending on test results, you will receive a HCV Nucleic Acid Amplification Test.) |
| Examination results   | The doctor will explain the results directly to you.  |
| Others                | You do not need to skip meals if you are only taking this examination<br>We will not share any personal information 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.