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【英語】眼科

**Please bring this form and the other contents of the letter including the envelope with you.

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2025 Toyohashi Eye Health Questionnaire 令和7年度(2025年)眼科検診票

Please read thoroughly before getting examined

- ●Exam Period May 7, 2025 January 31, 2026
- Exam Locations Participating medical facilities (please make an appointment with a medical facility before getting examined)
- ●What to Bring ①Exam voucher (ticket) (please fill in your phone number and complete the medical questionnaire on the reverse) ②Exam fee (If "paid" (有料) is written on your documents, etc., you will need the ¥900 exam fee)

Free for individuals from households exempt from resident tax (hikazei) and/or households on social welfare (seikatsu hogo).

Whousehold taxation situation is for 2024 (based on 2023 income), and the household situation as of January 1, 2024 is reflected.

3 My Number card linked to your health insurance, etc.

If you receive additional examination or medical treatment, it will be considered separate and you will have to pay out of pocket.

- Precautions
- Your pupils will be dilated during the exam, so things may appear very bright for a little while following the exam. Please do not operate motor vehicles (drive), ride a bicycle, etc., for at least a few hours after your exam as it is dangerous. *Medicine will not always be used during eye exams. Please contact the medical facility directly for specific information.
- If you are undergoing medical treatment, or regularly receiving exams similar to this one, please consult your doctor.
- If you receive this exam more than once during a fiscal year, you will be asked to pay for the second exam and any additional exams,
- Other

If your sex is not known based on your Certificate of Residence (Juuminhyou), it will be listed as "Male" (男) on your exam youcher.

You will be informed of your exam results by the facility at which you were examined.

Your age written on the youcher, etc., will be your age as of March 31, 2026.

Personal information acquired from the exam will be used Only for the purpose of providing health care services,

It will not be used for any other purpose.

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1	Are you currently undergoing treatment for any of the following?	No	Yes	High Blood Pressure Liver disease		Diabetes Heart disease		3 Symptoms	No	Yes	My vision in one eye is blurry and cannot see things clearly like before, even with glasses.
				Hyperlipemia Allergies		Kidney disease					I am very sensitive to light and I see a rainbow-like reflection around the light.
				Tuberculosis Others (,					My vision is getting narrow and I stumble easily.
2	Have you suffered from any eye diseases?	No	Yes	Cataracts							I see black spots floating in my vision.
				Glaucoma Age-related macu	lor dog	r degeneration					I have distorted vision and can see a dark gray spot in the center of my vision.
				Others (ai uegi)					I have diabetes but I have not seen an eye doctor for more than one year.