

# List of Health Examination Items (For Employees)

Note: The examination items may vary (with additions or omissions) depending on the medical institution.

Category		Examination Items	Complete medical checkup	Abbreviated complete medical	Health checkup for women	Periodic Health Checkup 35	Periodic Health Checkup B	
Eligible Age (as of the End of the Fiscal Year)			35 or older	30 or older	30 or older (women only)	35 or older	34 or younger	
Hitachi Health Insurance - Basic Examination Items	Body Measurements	Height	○	○	○	○	○	
		Body Weight	○	○	○	○	○	
		BMI	○	○	○	○	○	
		Waist Circumference	○	○	○	○	○※3	
		Degree of Obesity	○	○	—	—	—	
	Cardiovascular Examinations	Blood Pressure	○	○	○	○	○	
		Electrocardiogram	○	○	○	○	○	
		Heart Rate (or Pulse Rate)	○	—	—	—	—	
	Ophthalmologic Examinations	Visual Acuity	○	○	○	○	○	
		Fundus Examination	○	○	○	□	—	
		Intraocular Pressure	○	—	—	—	—	
	Hearing Test	Hearing (1,000Hz and 4,000Hz tones)	○	○	○	○	○	
	Respiratory Examinations	Chest X-ray	○	○	○	○	○	
		Respiratory Function Test	○	—	—	—	—	
	Stomach Cancer Screening	Upper GI Series (Barium X-ray)	○ (Any of the following)	○ (As a rule, X-ray)	—	—	—	
		Gastroscopy (Upper Endoscopy)(Transoral/Transnasal)						
	Abdominal Examination	Abdominal Ultrasound	○	—	—	—	—	
	Blood Tests	Hematology	White Blood Cell Count (WBC)	○	○	○	○	○
			Red Blood Cell Count (RBC)	○	○	○	○	○
			Hemoglobin (Hb)	○	○	○	○	○
			Hematocrit (Ht)	○	○	○	○	○
			Platelet Count (PLT)	○	○	○	○	○
			MCV,MCH,MCHC	○	○	○	○	○
		Liver Function Tests	AST(GOT), ALT (GPT) γ-GT (γ-GTP)	○	○	○	○	○
			Alkaline Phosphatase (ALP)	○	○	—	—	—
			Total Protein (TP)	○	—	—	—	—
			Albumin (ALB)	○	—	—	—	—
Total Bilirubin (T-Bil)			○	—	—	—	—	
Lipid Profile		Total Cholesterol (TC)	○	○	○	○	○	
		HDL Cholesterol (HDL-C)	○	○	○	○	○	
		LDL Cholesterol (LDL-C)	○	○	○	○	○	
		Non-HDL Cholesterol	○	○	○	○	○	
		Triglycerides (Fasting or Non-Fasting)	○	○	○	○	○	
Renal Function Tests		Uric Acid (UA)	○	○	○	○	○	
		Creatinine (CRE)	○	○	○	○	○	
		Estimated Glomerular Filtration Rate (eGFR)	○	○	○	○	○	
Glucose Metabolism		Blood Glucose (Fasting or Random)	○	○	○	○	○	
	Hemoglobin A1c (HbA1c)	○	○	○	○	○		
Serology	C-reactive Protein (CRP)	○	—	—	—	—		
Urinalysis	Protein	○	○	○	○	○		
	Glucose	○	○	○	○	○		
	Occult Blood	○	○	—	—	—		
	pH	○	—	—	—	—		
	Specific Gravity	○	—	—	—	—		
	Urinary Sediment	○※1	—	—	—	—		
Colorectal Cancer Screening	Fecal Immunochemical Test (2-day)	○	○	○	—	—		
Interview and Physical Examination		○	○	○	○	○		
Questionnaire (Including Specific Health Checkup Items)		○	○	○	○	○		
Provision of Health Information to Examinees (Including Specific Health Checkup Results for Ages 35 and Older)		○	○	○	○	○		
Explanation of Results by Physician		○※2	—	—	—	—		
Gynecological Cancer Screening	Breast Cancer Screening	Mammography	—	—	○ (Any of the following)	—	—	
		Breast Ultrasound						
	Cervical Cancer Screening	Pelvic Examination (or Transvaginal Ultrasound) and Cervical Cytology (Pap Test)						—

○···Mandatory item, □···Item performed selectively based on the physician's judgment

※1. If both the protein test and occult blood test are negative, this item may be omitted.

※2. The method of implementation varies depending on the medical institution (e.g., performed for all examinees, performed only upon request, or performed based on the physician's judgment).

※3. In principle, this item cannot be omitted.