

Report of Results of Regular Medical Examinations

8 0 3 1 1		Labour insurance number										
			Prefecture	Office code	Area code	Basic number	Branch number	Number covering all workplaces				
Year	(Months covered) (Report number)			Date of examination								
Category of work				Name of workplace								
Address of workplace	Postal code ()					Telephone number ()						
Name of institution that conducted medical examination					Number of workers employed							
Address of institution that conducted medical examination					Number of workers who underwent medical examination							
						Right justify						
						Right justify						
(*) Number of workers engaged in the work listed in item (ii), paragraph (1), Article 13 of the Ordinance on Industrial Safety and Health (right justify)										()		

To fold this form, fold it on the () lines.

a		b		c		d		e	
f		g		h		i		j	
Total									
k		l		m		n			
Items of medical examination		Number of persons examined		Number of examinees with abnormal findings			Number of persons examined		Number of examinees with abnormal findings
	Hearing test using an audiometer (1000 Hz)				Hepatic function test				
	Hearing test using an audiometer (4000 Hz)				Blood lipid level				
	Hearing test using another method				Blood sugar level				
	Thoracic X-ray examination				Urinalysis (sugar)				
	Phlegm examination				Urinalysis (protein)				
	Blood pressure				Examination by electrocardiography				
	Anemia test								
Number of examinees with abnormal findings		Number of examinees who received instruction from physician		Dental examination		Number of persons examined		Number of examinees with abnormal findings	
Industrial physician	Name				Seal				
	Name and address of medical institution with which the physician is affiliated								

To fold this form, fold it on the () lines.

Date:

Acceptance stamp

Name and title of employer

Seal

Seal

To: Chief of Labour Standards Inspection Office

Form No.6 (Related to Article 52) (Back)

Notes:

1. Do not mark, punch or fold the form because entries in the framed sections (hereinafter referred to as “entry frames”) are read by an Optical Character and Image Reader (OCIR).
2. Leave the sections and entry frames blank where there is nothing to fill in.
3. Be sure to use a black ballpoint pen to write in the entry frames, and write Arabic numerals clearly and as large as possible inside the designated frame.
4. For “Year,” fill in the year when the medical examinations referred to in this report are implemented.
5. When medical examinations are implemented successively throughout the year and a report covering a certain period is to be submitted, fill in such period in “(Months covered)” in “Year.” In this case, fill in the date of the medical examination that is closest to the date of the report for “Date of examination.”
6. For “(Report number)” in “Year,” fill in the consecutive number in the relevant year.
7. For “Type of undertaking,” select the category from the major groups of the Japan Standard Industrial Classification.
8. When two or more institutions conducted medical examinations, fill in their respective names and addresses in “Name of institution that conducted medical examination” and “Address of institution that conducted medical examination.”
9. For “Number of workers employed” and “Number of workers who underwent medical examination,” fill in the number as of the date of the medical examination. For “Number of workers employed,” fill in the number of regular employees.
10. For the section marked with an asterisk (*), fill in the number of workers regularly engaged in the work listed in item (ii), paragraph (1), Article 13 of the Ordinance on Industrial Safety and Health as of the date of the medical examination. For workers who are engaged in two or more work items listed (from “a” to “n”), fill in them in the work where they are primarily engaged.
11. For “Number of persons with abnormal findings,” fill in the number of persons who were found to have abnormalities in any of the examination items listed from “Hearing test using audiometer (1,000 Hz)” to “Examination by electrocardiography,” rather than the sum total of the number of persons with abnormal findings in each examination item.
12. For “Number of persons who received instruction from physician,” fill in the number of persons who received instruction from the physician as a result of the medical examination, such as “treatment necessary” or “close examination necessary.”
13. A signature may be filled in lieu of filling a name and affixing a seal in “Name of industrial physician” and “Name and title of employer.”