(Cover pa	age)	
		No.
	D 1H 14 D 1	
	Personal Health Record	
	(Benzidine, etc.)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	
	ů ,	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

W	Work history Limited to the types of work pertaining to those set forth in items (i), (ii) and (xii), Article 23 of the Enforcement Order of the Industrial Safety and Health Act				
	Work period From		Name and address of workplace	Substances handled and work carried out	
	То				
	From				
	То				
	From To From To				
	From				
	То				
	From				
	То				

	namnesis and treatmen	at history of urinary tract disorders before leaving		
	Month/year	Anamnesis and treatment history		
	Tribility ear	Timemiosis did trodomont motory		
Results of the latest medical examination before leaving employment Date:				
	Subjective and objective symptoms	None, bloody urine (hematuria), frequent urination (pollakiuria), painful urination, difficulty in urination		
	Microscopic examination of urinary sediment	No abnormal cells detected, red blood cells, white blood cells, epidermal cells		
	Cytologic test (Papanicolaou's test)	Negative, suspicious, positive		
	Cystoscopic examination	Normal, congestion, anemia, swelling, bleeding, scar, ulcer, polyp, tumor		
	Pyelography	Normal, abnormal		

	and subsequent pages exci		
	Date Item		
	Anamnesis	None, bloody urine, frequent urination, painful urination, difficulty in urination	None, bloody urine, frequent urination, painful urination, difficulty in urination
ation	Subjective and objective symptoms	None, bloody urine, frequent urination, painful urination, difficulty in urination	None, bloody urine, frequent urination, painful urination, difficulty in urination
Medical examination	Microscopic examination of urinary sediment	No abnormal cells detected, red blood cells, white blood cells, epidermal cells	No abnormal cells detected, red blood cells, white blood cells, epidermal cells
edica	Cytologic test (Papanicolaou's test)	Negative, suspicious, positive	Negative, suspicious, positive
M	Evaluation	No abnormalities, reexamination required, additional examination required	No abnormalities, reexamination required, additional examination required
	Name of medical institution and name of physician		
u	Date Item		
aminatio	Cystoscopic examination	Normal, congestion, anemia, swelling, bleeding, scar, ulcer, polyp, tumor	Normal, congestion, anemia, swelling, bleeding, scar, ulcer, polyp, tumor
lical exa	Pyelography	Normal, abnormal	Normal, abnormal
Additional medical examination	Evaluation	No abnormalities, item for which reexamination is required (), treatment required	No abnormalities, item for which reexamination is required (), treatment required
Add	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(T)	
	(Pneumoconiosis)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	
	ministry of Hearth, Labour and Wenare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

W	Work history Limited to the types of work pertaining to those set forth in item (iii), Article 23 of the Enforcement Order of the Industrial Safety and Health Act				
	Work period	l	Name and address of workplace	Work performed that is related to dusty operations	
	From				
	То				
	From				
	То				
	From To From To				
	From				
	То				
	From				
	То				

Co	Course of pneumoconiosis						
	First determina control classifica	P	umoconio	sis	Year ()	Remarks
	First determina control classifica		noconiosi	s	Year ()	
Aı	namnesis						<u>'</u>
	Pulmonary tuberculosis	Age (Age ()		Cardiac disease		Age ()
	Pleurisy	Age ()				
	Bronchitis	Age ()	Other	chest diseas	se	
	Bronchiectasis	Age ()				Age ()
	Bronchial asthn	na Age ()				Age(
	Pulmonary emphysema	Age ()				
	esults of the lates is record (Date:	t medical exa	ımination	for pne	eumoconiosis	s befor	re issuance of
	Radiographic test Category I, Category II, Category I Category IV (A, B, C)				ategory III,		
	Climical about	Subjective symptoms		phlegr	ea (I, II, III, m, palpitatio		cough,
	Clinical chest examination			Others	sis, finger cl	1.1.1.1.	
	examination	Objective sy	mptoms		titious sound		g,
				Others	s ()	
		Primary		FEV1.	o/FVC (%	6), %V	C (%)
		examination	l		eight (m) (
	Pulmonary function test	Secondary examination	l	Alveolar-arterial oxygen tension gradient (torr)		tension	
	-	Evaluation		F (Ima	age 18)		
	Name of compli	cation develo	ped				

Item	Date		
Radiographic test		Category I, Category II, Category III, Category IV (A, B, C)	Category I, Category II, Category III, Category IV (A, B, C)
Clinical chest examination Pulmonary function test	Subjective symptoms	Dyspnea (I, II, III, IV) Cough, phlegm, palpitation Others ()	Dyspnea (I, II, III, IV) Cough, phlegm, palpitation Others ()
	Objective symptoms	Cyanosis, finger clubbing, adventitious sounds Others ()	Cyanosis, finger clubbing, adventitious sounds Others ()
	Primary examination	FEV1.0/FVC (%) %VC (%) V25/height (m) (l/sec/m)	FEV1.0/FVC (%) %VC (%) V25/height (m) (l/sec/m)
	Secondary examination	Alveolar-arterial oxygen tension gradient (torr)	Alveolar arterial oxygen tension gradient (torr)
	Evaluation	F (Image 19)	F (Image 20)
Spiral CT			
Phlegm cytodiagnosis Name of complication developed			
Name of medica			

- 1. When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- 2. If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3. Do not transfer or lend this record to anyone.

(Cover pa	ge)	
		No.
	Personal Health Record	
	(Chromic acid, etc.)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

Work history (limited to the types of work pertaining to those set forth in item (iv), Article 23 of the Enforcement Order of the Industrial Safety and Health Act)						
Arti	Work period	Name and address of workplace	Work performed			
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					

Λ.	Anamnesis and treatment history concerning diseases related to chromic acid, etc.					
	before leaving employment					
	Month/yea	ır	An	Anamnesis and treatment history		
	Results of t	the lates	st medical exa	mination before le	eaving employment Date:	
	Subjective and objective symptoms		phlegm, chest pain, ()			
	Observation of nasal cavity	None, abnormalities in nasal membrane, nasal septum perforation		Other examinations		
	Observation of skin			examinations		
	Chest	Direct	/ indirect			
	radiography test	Date:				
		Image	21			

	Date		
	Item		
	Anamnesis	None, phlegm, cough, chest pain, nasal cavity (), skin (), others ()	None, phlegm, cough, chest pain, nasal cavity (), skin (), others ()
tion	Subjective and objective symptoms	None, phlegm, cough, chest pain, others ()	None, phlegm, cough, chest pain, others (
Medical examination	Observation of nasal cavity	Normal, abnormalities in nasal membrane, nasal septum perforation	Normal, abnormalities in nasal membrane, nasal septum perforation
al e	Observation of skin		
Medic	Chest direct radiography test	Image 22	Image 23
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
Additional examination	Observation of film taken by using a special radiography method		
kan	Phlegm cytodiagnosis		
l ex	Bronchoscopy		
itiona	Pathological examination of skin		
Addi	Evaluation	Normal, reexamination required (), treatment required	Normal, reexamination required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(Arsenic trioxide)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

Work history (limited to the types of work pertaining to those set forth in item (v), Article 23 of the Enforcement Order of the Industrial Safety and Health Act)					
	ork period	Name and address of workplace	Work performed		
Fr	rom				
То)				
Fr	rom				
То)				
Fr	rom				
То)				
Fr	rom				
То)				
Fr	rom				
То)				
Fr	rom				
То)				
11-					

	Anamnesis and treatment history concerning diseases related to arsenic trioxide before leaving employment						
	1		amnesis and treat	tment histo	ry		
Results of the latest medical examination before leaving employment Date:							
	Subjective and objective symptoms	diarrh constij weight	oation,	Blood test for red blood cells			
	Observation of nasal cavity						
	Observation of skin			Measured arsenic content	Hair (Urine ()	
	Chest radiography test	Direct Date: Image	/ indirect	Other examinations			
	Liver function test						

	Date		
	Item		
	Anamnesis	None, phlegm, cough, stomatitis, diarrhea, constipation, weight loss, paresthesia, skin (), others ()	None, phlegm, cough, stomatitis, diarrhea, constipation, weight loss, paresthesia, skin (), others ()
ination	Subjective and objective symptoms	None, phlegm, cough, anorexia, weight loss, paresthesia, others ()	None, phlegm, cough, anorexia, weight loss, paresthesia, others ()
am	Observation of nasal cavity		
Medical examination	Observation of skin	None, pigment anomaly (deposit, depigmentation), cornification, others ()	None, pigment anomaly (deposit, depigmentation), cornification, others (
M	Chest direct radiography test	Image 25	Image 26
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
	Liver function test		
	Blood test for red blood cells		
ination	Measured arsenic content	Hair () Urine ()	Hair () Urine ()
dditional examination	Observation of X-ray taken by using a special radiography method		
itioı	Phlegm cytodiagnosis		
Add	Bronchoscopy		
	Pathological examination of skin		
	Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover pa	ge)	
		<u>No.</u>
	Personal Health Record	
	(Coal tar)	
	(cour sur)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

Work history (limited to the types of work pertaining to those set forth in item (vi), Article 23 of the Enforcement Order of the Industrial Safety and Health Act)						
111 01	Work period	Name and address of workplace	Work performed			
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					
	From					
	То					
			,			

	Anamnesis and treatment history concerning diseases related to coal tar before leaving employment					
10	Month/year	Anamnesis an	d treatment history			
			·			
	Results of the latest me	dical examination be	efore leaving employment Date:			
	Subjective and objective symptoms	None, cough, phleg	rm, anorexia, others ()			
	Observation of skin	None, dermatitis, a melanoderma, verr others ()	acne-like lesion, ruca, ulcer, gaseous spots,			
	Chest radiography test	Image 27	Direct / indirect Date:			
	Observation of film taken by using a special radiography method					
	Phlegm cytodiagnosis					
	Bronchoscopy					
	Other examinations					

	Date		
	Item		
u	Anamnesis	None, phlegm, cough, chest pain, anorexia, skin (), others ()	None, phlegm, cough, chest pain, anorexia, skin (), others ()
natio	Subjective and objective symptoms	None, phlegm, cough, chest pain, others (None, phlegm, cough, chest pain, others ()
Medical examination	Observation of skin	None, dermatitis, acne-like lesion, melanoderma, verruca, gaseous spots, others ()	None, dermatitis, acne-like lesion, melanoderma, verruca, gaseous spots, others ()
T edic	Chest direct radiography test	Image 28	Image 29
N	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
tion	Observation of film taken by using a special radiography method		
mins	Phlegm cytodiagnosis		
al exa	Bronchoscopy		
Additional examination	Pathological examination of skin		
Ad	Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- 2 If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover pa	ge)	No.
		110.
	Personal Health Record	
	(Bis(chloromethyl) ether)	
	<u>Name</u>	
	Name	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

Work history	pertaining to those set forth in nforcement Order of the n Act	
Work period	Name and address of workplace	Work performed
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		
	,	

	namnesis and treatment his her before leaving employm	tory concerning diseases related to bis(chloromethyl) ent
	Month/year	Anamnesis and treatment history
	D 1, C,1 1, ,	1: 1 : 1: 1 : 1
	Results of the latest m	nedical examination before leaving employment Date:
	Subjective and objective	None, cough, phlegm, chest pain, weight loss,
	symptoms	others ()
		Direct / indirect
	Chest radiography test	Date:
	Chest radiography test	Date
		Image 30
	0.1	
	Other examinations	

	Date		
	Anamnesis	None, cough, phlegm, chest pain, weight loss, others	None, cough, phlegm, chest pain, weight loss, others ()
tion	Subjective and objective symptoms	None, cough, phlegm, chest pain, weight loss, others ()	None, cough, phlegm, chest pain, weight loss, others ()
ımina	Chest direct radiography test	Image 31	Image 32
Medical examination	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
Additional examinations	Observation of film taken by using a special radiography method		
exami	Phlegm cytodiagnosis		
onal e	Bronchoscopy		
Additi	Evaluation	Normal, reexamination required (), treatment required	Normal, reexamination required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- 2 If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(C	
	(Beryllium)	
	<u>Name</u>	
	Maria CH Maria Maria	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
	ereby issue the Pe e Industrial Safet	ersonal Health Record s and Health Act.	et forth in paragra	ph (1), Article 6'	7 of
Da	ite:				
			Seal of Directo	r of Labour Bure	eau

Work l	history	Limited to the types of work pertaining to those set forth in item (viii), Article 23 of the Enforcement Order of the Industrial Safety and Health Act
V	Work period	Name and address of workplace Work performed
F	From	
r	Го	
F	From	
Г	Го	
F	From	
Г	Γο	
F	From	
r	Го	
F	From	
Г	Го	
F	From	
Г	Го	
16		

(Page 4)

Anamnesis and treatment history concerning diseases related to beryllium before leaving employment					
Month/year		Anamnesis an	d treatment history	7	
Results of the l	ates	st medical examination be	efore leaving emplo Date:	yment	
Subjective and objective symptoms	ph irr ch sh pa bre	one, dry cough, phlegm, aryngeal pain, throat itation, chest pain, est uneasiness, ortness of breath, lpitation, difficult eathing, malaise, orexia, weight loss, hers ()	Respiratory system examinations		
Observation of skin					
Lung capacity					
Chest radiography test	Da	Direct / indirect ate: Image 33	Other examinations		

(Page 5 and subsequent pages (excluding the last page))

	Date Item		
Medical examination	Anamnesis	Respiratory symptom, allergic symptom	Respiratory symptom, allergic symptom
	Subjective and objective symptoms	None, dry cough, phlegm, pharyngeal pain, throat irritation, chest pain, chest uneasiness, shortness of breath, palpitation, difficult breathing, malaise, anorexia, weight loss, others ()	None, dry cough, phlegm, pharyngeal pain, throat irritation, chest pain, chest uneasiness, shortness of breath, palpitation, difficult breathing, malaise, anorexia, weight loss, others ()
ıl exar	Observation of skin		
edica	Lung capacity		
M	Chest direct radiography test	Image 34	Image 35
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
	Physical examination of chest		
	Lung ventilation capacity test		
ations	Lung diffusing capacity test		
examinations	Electrocardiography		
Additional e	Beryllium content in urine or blood		
Add	Skin patch test		
	Hematocrit measurement		
	Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- 2 If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 2 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(5	
	(Benzotrichloride)	
	<u>Name</u>	
	Minister of Health Laham and Walter	
	Ministry of Health, Labour and Welfare	3

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
	ereby issue the Pe e Industrial Safet	ersonal Health Record s and Health Act.	et forth in paragra	ph (1), Article 6'	7 of
Da	ite:				
			Seal of Directo	r of Labour Bure	eau

Work history	Limited to the types of work item (ix), Article 23 of the En Industrial Safety and Health	pertaining to those set forth in inforcement Order of the in Act
Work period	Name and address of workplace	Work performed
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		

(Page 4)

Anamnesis and treatment history concerning diseases related to benzotrichloride before leaving employment					
Month/year	Anamnesis and treatment history				
Results of the lates	st medical examination before leaving employment Date:				
Subjective and objective symptoms	None, cough, phlegm, chest pain, nasal discharge, epistaxis, olfactory anesthesia, sinusitis, nasal polyp, skin (), others ()				
Observation of skin	None, verruca, pigment deposition, others ()				
Chest radiography test	Direct / indirect Image 36				
Observation of film taken by using a special radiography method					
Phlegm cytodiagnosis					
Bronchoscopy					
Other examinations					

(Page 5 and subsequent pages (excluding the last page))

1	T		
	Date Item		
	Anamnesis	None, cough, phlegm, chest pain, nasal discharge, epistaxis, olfactory anesthesia, sinusitis, nasal polyp, skin (), others ()	None, cough, phlegm, chest pain, nasal discharge, epistaxis, olfactory anesthesia, sinusitis, nasal polyp, skin (), others ()
Medical examination	Subjective and objective symptoms	None, cough, phlegm, chest pain, nasal discharge, epistaxis, olfactory anesthesia, sinusitis, nasal polyp, swollen lymph gland in the neck, etc., others ()	None, cough, phlegm, chest pain, nasal discharge, epistaxis, olfactory anesthesia, sinusitis, nasal polyp, swollen lymph gland in the neck, etc., others ()
edical	Observation of skin	None, verruca, pigment deposition, others ()	None, verruca, pigment deposition, others ()
M	Chest direct radiography test	Image 37	Image 38
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
	Observation of film taken by using a special radiography method		
	Phlegm cytodiagnosis		
ations	Bronchoscopy		
examinations	Head examination using radiography, etc.		
Additional	Blood test (including hemogram)		
Add	Histopathological test of lymph gland		
	Histopathological test of skin		
	Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(Vinyl chloride)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

2 and 3)				
Work	history	Limited to the types of work pertaining to those set forth in tem (x), Article 23 of the Enforcement Order of the Industrial Safety and Health Act		
	Work period	Name and address of workplace	Work performed	
	From			
	То			
	From			
,	То			
	From			
	То			
	From			
	То			
	From			
	То			
	From			
	То			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

namnesis and treatmen aving employment	t history concerning diseases r	related to vinyl chlo	ride befo	re
Month/year	Anamnesis and tr	reatment history		
Results of the lat	eest medical examination befor	re leaving employm Date:	ent	
	None, headache, dizziness, tinnitus, generalized	ICG		
Subjective and objective symptoms	fatigability, fatigability, epigastric indefinite, jaundice, black stools, pain in finger or hand, others ()	LDH		
Enlarged liver or spleen				
Hepatic function	Serum bilirubin:	Serum lipid		
test	GPT: AL-P			
Chest radiography test	Direct / indirect Date: Image 39	Other examinations		
Platelet count				
Y-GTP				
ZTT				

(Page 5 and subsequent pages (excluding the last page))

	(Page 5 and subsequent pages (excluding the last page))			
	Date Item			
	Anamnesis	None, generalized fatigability, fatigability, anorexia, epigastric indefinite, jaundice, black stools, pallor of finger or hand, hepatic disorder, pain, others ()	None, generalized fatigability, fatigability, anorexia, epigastric indefinite, jaundice, black stools, pallor of finger or hand, hepatic disorder, pain, others ()	
	Subjective and objective symptoms	None, headache, dizziness, tinnitus, generalized fatigability, fatigability, epigastric indefinite, jaundice, black stools, pain in finger or hand, others ()	None, headache, dizziness, tinnitus, generalized fatigability, fatigability, epigastric indefinite, jaundice, black stools, pain in finger or hand, others ()	
	Enlarged liver or spleen			
		Serum bilirubin:	Serum bilirubin:	
no	Hepatic function test	GOT:	GOT:	
inati		GPT:	GPT:	
Medical examination	Chart limet as 1's as a	AL-P	AL-P	
dical	Chest direct radiography test	Image 40	Image 41	
Me	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()	
	Name of medical institution and name of physician			
	Date Item			
Additional	Platelet count			
Addit	γ-GTP			
	ZTT			

		ICG		
		LDH		
		Serum lipid		
		Observation of film taken by using a special radiography method		
		Liver or spleen scintigram		
		Neuroclinical examination of central nervous system		
		Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
		Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
- 2 If any of the following applies, submit such notification to the Director of the Prefectural Labour Bureau having jurisdiction over your address together with this record (excluding the case of (b)) for necessary corrections or re-issuance.
 - (a) When you changed your name or address
 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

(Cover page)		
		No.
	Personal Health Record	
	(Asbestos)	
	(Asuestus)	
	<u>Name</u>	
	Ministry of Health, Labour and Welfare	

	Name		Gender	Male / Female	
	Date of birth				
	Address				
	(Remarks)				
I h	ereby issue the Pe e Industrial Safet	ersonal Health Record set fortl y and Health Act.	n in paragrap	oh (1), Article 6°	7 of
Da	ite:				
		Seal	of Director of	of Labour Bure	∍au

Work history	Limited to the types of work item (xi), Article 23 of the Er Industrial Safety and Health	pertaining to those set forth in inforcement Order of the in Act
Work period	Name and address of workplace	Work performed
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		
From		
То		

(Page <u>4)</u>

Anamnesis and treatment history concerning diseases related to asbestos before leaving employment			
Month/year	Anamnesis and treatment history		
Results of the late	st modical examination had	Core leaving employment	
Results of the latest medical examination before leaving employment Date:			
Subjective and		rtness of breath, chest pain,	
objective symptoms	others ()		
Chest direct	Image 42	Date:	
radiography test		Date	
Examination using			
a special radiography			
method			
Phlegm cytodiagnosis			
Bronchoscopy			
•		_	

(Page 5 and subsequent pages (excluding last page))

	Date Item		
	Anamnesis	None, cough, phlegm, shortness of breath, chest pain, others ()	None, cough, phlegm, shortness of breath, chest pain, others ()
Medical examination	Subjective and objective symptoms	None, cough, phlegm, shortness of breath, chest pain, others ()	None, cough, phlegm, shortness of breath, chest pain, others ()
al exa	Chest direct radiography test	Image 43	Image 44
Medic	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
	Name of medical institution and name of physician		
	Date Item		
ations	Examination using a special radiography method		
xamin	Phlegm cytodiagnosis		
Additional examinations	Bronchoscopy		
Addit	Evaluation	Normal, item for which reexamination is required (), treatment required	Normal, item for which reexamination is required (), treatment required
	Name of medical institution and name of physician		

- 1 When you undergo the medical examination prescribed in Article 55 of the Ordinance on Industrial Safety and Health, present this record to the designated medical institution that conducts the relevant examination, and request that the results of such examination be entered in the applicable sections.
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 - (b) When you lost this record
 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.