

Form No. 8 (Related to Article 54) (1)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Benzidine, etc.)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

Name		Gender	Male / Female
Date of birth			
Address			
(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>			

Anamnesis and treatment history of urinary tract disorders before leaving employment		
	Month/year	Anamnesis and treatment history
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

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Medical examination	Date		
	Item		
	Anamnesis	None, bloody urine, frequent urination, painful urination, difficulty in urination	None, bloody urine, frequent urination, painful urination, difficulty in urination
	Subjective and objective symptoms	None, bloody urine, frequent urination, painful urination, difficulty in urination	None, bloody urine, frequent urination, painful urination, difficulty in urination
	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
	Cytologic test (Papanicolaou's test)	Negative, suspicious, positive	Negative, suspicious, positive
	Evaluation	No abnormalities, reexamination required, additional examination required	No abnormalities, reexamination required, additional examination required
Name of medical institution and name of physician			
Additional medical examination	Date		
	Item		
	Cystoscopic examination	Normal, congestion, anemia, swelling, bleeding, scar, ulcer, polyp, tumor	Normal, congestion, anemia, swelling, bleeding, scar, ulcer, polyp, tumor
	Pyelography	Normal, abnormal	Normal, abnormal
	Evaluation	No abnormalities, item for which reexamination is required (), treatment required	No abnormalities, item for which reexamination is required (), treatment required
Name of medical institution and name of physician			

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Notes:

- 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.

Form No.8 (Related to Article 54) (2)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Pneumoconiosis)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

	Name		Gender	Male / Female
	Date of birth			
	Address			
	(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>				

Course of pneumoconiosis			
First determination as pneumoconiosis control classification 2	Year ()	Remarks	
First determination as pneumoconiosis control classification 3	Year ()		
Anamnesis			
Pulmonary tuberculosis	Age ()	Cardiac disease	Age ()
Pleurisy	Age ()		
Bronchitis	Age ()	Other chest disease	Age ()
Bronchiectasis	Age ()		
Bronchial asthma	Age ()		
Pulmonary emphysema	Age ()		
Results of the latest medical examination for pneumoconiosis before issuance of this record (Date:)			
Radiographic test	Category I, Category II, Category III, Category IV (A, B, C)		
Clinical chest examination	Subjective symptoms	Dyspnea (I, II, III, IV), cough, phlegm, palpitation Others ()	
	Objective symptoms	Cyanosis, finger clubbing, adventitious sounds Others ()	
Pulmonary function test	Primary examination	FEV1.0/FVC (%), %VC (%) V25/height (m) (l/sec/m)	
	Secondary examination	Alveolar-arterial oxygen tension gradient (torr)	
	Evaluation	F (Image 18)	
Name of complication developed			

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

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	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 ()
Pulmonary function test	Primary examination	FEV1.0/FVC (%)	FEV1.0/FVC (%)
		%VC (%) V25/height (m) (l/sec/m)	%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 medical institution and name of physician			

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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.

Form No.8 (Related to Article 54) (3)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Chronic acid, etc.)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

Name		Gender	Male / Female
Date of birth			
Address			
(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>			

Anamnesis and treatment history concerning diseases related to chronic acid, etc. before leaving employment				
Month/year		Anamnesis and treatment history		
Results of the latest medical examination before leaving employment				
Date:				
Subjective and objective symptoms	None, phlegm, cough, chest pain, others ()	Other examinations		
Observation of nasal cavity	None, abnormalities in nasal membrane, nasal septum perforation			
Observation of skin				
Chest radiography test	Direct / indirect Date: Image 21			

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Medical examination	Date		
	Item		
	Anamnesis	None, phlegm, cough, chest pain, nasal cavity (), skin (), others ()	None, phlegm, cough, chest pain, nasal cavity (), skin (), others ()
	Subjective and objective symptoms	None, phlegm, cough, chest pain, others ()	None, phlegm, cough, chest pain, others ()
	Observation of nasal cavity	Normal, abnormalities in nasal membrane, nasal septum perforation	Normal, abnormalities in nasal membrane, nasal septum perforation
	Observation of skin		
	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			
Additional examination	Date		
	Item		
	Observation of film taken by using a special radiography method		
	Phlegm cytodiagnosis		
	Bronchoscopy		
	Pathological examination of skin		
	Evaluation	Normal, reexamination required (), treatment required	Normal, reexamination required (), treatment required
Name of medical institution and name of physician			

(Last page)

Notes:

- 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.

Form No.8 (Related to Article 54) (4)

(Cover page)

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

	Name		Gender	Male / Female
	Date of birth			
	Address			
	(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>				

Anamnesis and treatment history concerning diseases related to arsenic trioxide before leaving employment			
Month/year	Anamnesis and treatment history		
Results of the latest medical examination before leaving employment			
Date: _____			
Subjective and objective symptoms	None, stomatitis, diarrhea, constipation, weight loss, paresthesia, others ()	Blood test for red blood cells	
Observation of nasal cavity			
Observation of skin		Measured arsenic content	Hair () Urine ()
Chest radiography test	Direct / indirect Date: Image 24	Other examinations	
Liver function test			

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

Medical examination	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 ()
	Subjective and objective symptoms	None, phlegm, cough, anorexia, weight loss, paresthesia, others ()	None, phlegm, cough, anorexia, weight loss, paresthesia, others ()
	Observation of nasal cavity		
	Observation of skin	None, pigment anomaly (deposit, depigmentation), cornification, others ()	None, pigment anomaly (deposit, depigmentation), cornification, others ()
	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		
Additional examination	Date		
	Item		
	Liver function test		
	Blood test for red blood cells		
	Measured arsenic content	Hair () Urine ()	Hair () Urine ()
	Observation of X-ray taken by using a special radiography method		
	Phlegm cytodiagnosis		
	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			

(Last page)

Notes:

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 - (a) When you changed your name or address
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 - (c) When you damaged this record
- 3 Do not transfer or lend this record to anyone.

Form No.8 (Related to Article 54) (5)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Coal tar)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

	Name		Gender	Male / Female
	Date of birth			
	Address			
	(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>				

Anamnesis and treatment history concerning diseases related to coal tar before leaving employment		
Month/year	Anamnesis and treatment history	
Results of the latest medical examination before leaving employment		
Date: _____		
Subjective and objective symptoms	None, cough, phlegm, anorexia, others ()	
Observation of skin	None, dermatitis, acne-like lesion, melanoderma, verruca, ulcer, gaseous spots, others ()	
Chest radiography test	Image 27	Direct / indirect
		Date: _____
Observation of film taken by using a special radiography method		
Phlegm cytodiagnosis		
Bronchoscopy		
Other examinations		

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

Medical examination	Date		
	Item		
	Anamnesis	None, phlegm, cough, chest pain, anorexia, skin (), others ()	None, phlegm, cough, chest pain, anorexia, skin (), others ()
	Subjective and objective symptoms	None, phlegm, cough, chest pain, others ()	None, phlegm, cough, chest pain, others ()
	Observation of skin	None, dermatitis, acne-like lesion, melanoderma, verruca, gaseous spots, others ()	None, dermatitis, acne-like lesion, melanoderma, verruca, gaseous spots, others ()
	Chest direct radiography test	Image 28	Image 29
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
Name of medical institution and name of physician			
Additional examination	Date		
	Item		
	Observation of film taken by using a special radiography method		
	Phlegm cytodiagnosis		
	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			

(Last page)

Notes:

- 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.

Form No.8 (Related to Article 54) (6)

(Cover page)

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

Name		Gender	Male / Female
Date of birth			
Address			
(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>			

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Anamnesis and treatment history concerning diseases related to bis(chloromethyl) ether before leaving employment		
Month/year	Anamnesis and treatment history	
Results of the latest medical examination before leaving employment		
Date:		
Subjective and objective symptoms	None, cough, phlegm, chest pain, weight loss, others ()	
Chest radiography test	Direct / indirect	
	Date:	
	Image 30	
Other examinations		

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

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

(Last page)

Notes:

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- 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.

Form No.8 (Related to Article 54) (7)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Beryllium)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

Name		Gender	Male / Female
Date of birth			
Address			
(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>			

Anamnesis and treatment history concerning diseases related to beryllium before leaving employment				
Month/year		Anamnesis and treatment history		
Results of the latest medical examination before leaving employment				
Date:				
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 ()		Respiratory system examinations	
Observation of skin				
Lung capacity				
Chest radiography test	Direct / indirect Date: Image 33		Other examinations	

Medical examination	Date		
	Item		
	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 ()
	Observation of skin		
	Lung capacity		
	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		
Additional examinations	Date		
	Item		
	Physical examination of chest		
	Lung ventilation capacity test		
	Lung diffusing capacity test		
	Electrocardiography		
	Beryllium content in urine or blood		
	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			

(Last page)

Notes:

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 - (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.

Form No.8 (Related to Article 54) (8)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Benzotrichloride)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

	Name		Gender	Male / Female
	Date of birth			
	Address			
	(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>				

Anamnesis and treatment history concerning diseases related to benzotrichloride before leaving employment	
Month/year	Anamnesis and treatment history
Results of the latest 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	

Medical examination	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 ()
	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 ()
	Observation of skin	None, verruca, pigment deposition, others ()	None, verruca, pigment deposition, others ()
	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			
Additional examinations	Date		
	Item		
	Observation of film taken by using a special radiography method		
	Phlegm cytodiagnosis		
	Bronchoscopy		
	Head examination using radiography, etc.		
	Blood test (including hemogram)		
	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			

(Last page)

Notes:

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- 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.

Form No.8 (Related to Article 54) (9)

(Cover page)

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

Name		Gender	Male / Female
Date of birth			
Address			
(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>			

Anamnesis and treatment history concerning diseases related to vinyl chloride before leaving employment			
Month/year	Anamnesis and treatment history		
Results of the latest medical examination before leaving employment			
Date:			
Subjective and objective symptoms	None, headache, dizziness, tinnitus, generalized fatigability, fatigability, epigastric indefinite, jaundice, black stools, pain in finger or hand, others ()	ICG	
		LDH	
Enlarged liver or spleen		Serum lipid	
Hepatic function test	Serum bilirubin: GOT: GPT: AL-P		
Chest radiography test	Direct / indirect Date: Image 39	Other examinations	
Platelet count			
γ-GTP			
ZTT			

Medical examination	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		
	Hepatic function test	Serum bilirubin: GOT: GPT: AL-P	Serum bilirubin: GOT: GPT: AL-P
	Chest direct radiography test	Image 40	Image 41
	Evaluation	Normal, reexamination required (), additional examination required ()	Normal, reexamination required (), additional examination required ()
Name of medical institution and name of physician			
Additional	Date		
	Item		
	Platelet count		
	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		

(Last page)

Notes:

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- 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.

Form No. 8 (Related to Article 54) (10)

(Cover page)

<u>No.</u> _____
<p>Personal Health Record</p> <p>(Asbestos)</p> <p><u>Name</u></p> <p>Ministry of Health, Labour and Welfare</p>

	Name		Gender	Male / Female
	Date of birth			
	Address			
	(Remarks)			
<p>I hereby issue the Personal Health Record set forth in paragraph (1), Article 67 of the Industrial Safety and Health Act.</p> <p>Date:</p> <p style="text-align: right;">Seal of Director of Labour Bureau</p>				

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Anamnesis and treatment history concerning diseases related to asbestos before leaving employment		
Month/year	Anamnesis and treatment history	
Results of the latest medical examination before leaving employment		
Date:		
Subjective and objective symptoms	None, cough, phlegm, shortness of breath, chest pain, others ()	
Chest direct radiography test	Image 42	Date:
Examination using a special radiography method		
Phlegm cytodiagnosis		
Bronchoscopy		

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

(Last page)

Notes:

- 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.