

Form No.9 (Related to Article 57) (1)

Report of medical examination of a person for whom a Personal Health Record has been issued (Benzidine, etc.)	
Personal Health Record No.:	Cystoscopic test Normal Hyperemia, anemia, swelling, bleeding, scar, ulcer, polyp, tumor Observation:
Name and address: Date of birth: Age: Gender: Male / Female	
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Pyelography Normal Abnormal Observation:
Anamnesis: None Bloody urine (hematuria), frequent urination (pollakiuria), painful urination, difficulty in urination Others ()	
Subjective and objective symptoms None Bloody urine (hematuria), frequent urination (pollakiuria), painful urination, difficulty in urination Others ()	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau
Microscopic examination of urinary sediment No cells detected Red blood cells, white blood cells, epidermal cells	
Cytologic test (Papanicolaou's test) Negative, suspicious, positive	

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (2)

Report of medical examination of a person for whom a Personal Health Record has been issued (pneumoconiosis)																		
Personal Health Record No.		Pneumoconiosis control classification:			Pulmonary function test													
Name and address:				1. Height		m		Age										
Date of birth: Age () Male / Female				2. Estimated lung capacity		l												
Radiography test				Primary examination														
Image 45		4. Radiographic appearance			Examination date													
1. Photography date:		a. Classification of small Image 46			Lung capacity													
2. Film number:		Image 46			FVC													
3. Radiographic conditions:		<table border="1"> <tr> <th>Opacity</th> <th>Category</th> <th>Type</th> </tr> <tr> <td>Granular opacity</td> <td>/</td> <td>pqr</td> </tr> <tr> <td>Irregular opacity</td> <td>/</td> <td></td> </tr> </table>			Opacity	Category	Type	Granular opacity	/	pqr	Irregular opacity	/		FEV1.0				
Opacity	Category	Type																
Granular opacity	/	pqr																
Irregular opacity	/																	
_____ KV		b. Classification of large (A B C)			FEV1.0/FVC		□□.□%		□□.□%									
_____ mAs		c. Other observations			%VC		□□□.□%		□□□.□%									
Intensifying screen					V25/height (m)		□.□□ l/sec/m		□.□□ l/sec/m									
				Secondary examination														
				Examination date														
				Blood sampling point														
				Time from blood sampling to completion of analysis		Minutes		Minutes										
				Oxygen partial pressure		Torr		Torr										
				Carbon dioxide partial pressure		Torr		Torr										
				Alveolar-arterial oxygen difference		□□.□□ Torr		□□.□□ Torr										
				Evaluation: F (Image 47)														
				Date:														
				Examination for complications:														
				Examination date:														
				Subjective symptoms				Tuberculosis bacteria		Phlegm		Smear: +- Culture: +-		Exudate		Smear: +- Culture: +-		
Clinical chest examination				Tuberculosis bacteria		Smear: +- Culture: +-		Phlegm		Date								
Examination date:				Radiography using a special method		Method: Observat		Phlegm		Volume		ml		ml				
Subjective symptoms				Erythrocyte sedimentation rate		1 hour: 2 hours:		Sputum cytodiagnosis		Date (first day)								
Dyspnea				Tuberculin		mm x mm		Description		Observation								
I, II, III, IV, V				Others				Radiography using a special method		Method (spiral CT, others ())		Observation						
Cough								Other findings										
Phlegm																		
Palpitation																		
Others																		
				Evaluation:						Date:								
Opinion of physician:				Date:				Name and address of medical institution										
To Director of Labour Bureau								Name of physician				Seal						

Form No.9 (Related to Article 57) (3)

Report of results of medical examination of a person for whom a Personal Health Record has been issued (chronic acid, etc.)	
Personal Health Record No.:	Observation of radiography by using special methods
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female	
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Sputum cytodagnosis
Anamnesis None Phlegm, cough, chest pain, nasal cavity (), skin () Others ()	Bronchoscopy
Subjective and objective symptoms None Phlegm, cough, chest pain, others ()	Pathological examination of skin
Observation of nasal cavity Normal Abnormalities in nasal membrane, nasal septum perforation	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau
Observation of skin	
Direct radiography of chest	
	Image 48

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (4)

Report of medical examination of a person for whom a Personal Health Record has been issued (arsenic trioxide)	
Personal Health Record No.:	Liver function test
Name and address: Date of birth: Age: Gender: Male / Female	Blood test for red blood cells
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Measured arsenic content Hair () Urine ()
Anamnesis None Phlegm, cough, stomatitis, diarrhea, constipation, weight loss, paresthesia, skin (), others ()	Observation of radiography using special methods
Subjective and objective symptoms None Phlegm, cough, anorexia, weight loss, paresthesia, others ()	Sputum cytodiagnosis
Observation of nasal cavity	Bronchoscopy
Observation of skin None Pigment anomaly (deposit, depigmentation), cornification, others ()	Pathological examination of skin
Direct radiography of chest	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau
Image 49	

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (5)

Report of results of medical examination of a person for whom a Personal Health Record has been issued (coal tar)	
Personal Health Record No.:	Observation of radiography using special methods
Name and address:	
Date of birth: Age: Gender: Male / Female	
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Phlegm cytodiagnosis
Anamnesis None Phlegm, cough, chest pain, anorexia, skin () Others ()	Bronchoscopy
	Pathological examination of skin
Subjective and objective symptoms None Phlegm, cough, chest pain, others ()	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau
Observation of skin Normal Dermatitis, acne-like lesion, melanoderma, verruca, gaseous spots Others ()	
Direct radiography of chest	Image 50

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (6)

Report of medical examination of a person for whom a Personal Health Record has been issued (bis(chloromethyl) ether)	
Personal Health Record No.:	Observation of radiography using special methods
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female	
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Sputum cytodiagnosis
Anamnesis None Cough, phlegm, chest pain, weight loss Others ()	Bronchoscopy
Subjective and objective symptoms None Cough, phlegm, chest pain, weight loss Others ()	
Direct radiography of chest Image 51	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (7)

Report of results of medical examination of a person for whom a Personal Health Record has been issued (beryllium)	
Personal Health Record No.:	Physical examination of chest
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female	Lung ventilation function test
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Lung diffusing function test
	Electrocardiography
Anamnesis None Respiratory symptom, allergic symptom Others ()	Beryllium content in urine or blood
	Skin patch test
Subjective and objective symptoms None Dry cough, pharyngeal pain, throat irritation, chest pain, chest uneasiness, shortness of breath, palpitation, difficult breathing, malaise, anorexia, weight loss, others ()	
Observation of skin	Hematocrit measurement
Lung capacity	Date:
Direct radiography of chest Image 52	Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (8)

Report of medical examination of a person for whom a Personal Health Record has been issued (benzotrichloride)	
Personal Health Record No.:	Observation of radiography using special methods
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female	
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	Bronchoscopy
	Head examination using radiography, etc.
Anamnesis None Cough, phlegm, chest pain, nasal discharge, epistaxis, anosmia, sinusitis, nasal polyp, skin (), others ()	Blood test (including hemogram)
	Histopathological test of lymph nodes
Subjective and objective symptoms None Cough, phlegm, chest pain, nasal discharge, epistaxis, anosmia, sinusitis, nasal polyp, swollen lymph node in neck, etc., others ()	Histopathological test of skin
	Date:
Observation of skin Normal Verruca, pigment deposition, others ()	Name of medical institution Address of medical institution Name of physician [seal] To: Director of Labour Bureau
Direct radiography of chest Image 53	

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (9)

Report of results of medical examination of a person for whom a Personal Health Record has been issued (vinyl chloride)	
Personal Health Record No.:	Platelet count
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female	γ-GTP
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required	ZTT
	IGG
	LDH
Anamnesis None General fatigue, fatigability, anorexia, epigastric abnormalities, jaundice, black stools, pallor of finger or hand, hepatic disorder, pain, others ()	Serum lipid
	Observation of radiography using special methods
Subjective and objective symptoms None Headache, dizziness, tinnitus, general fatigue, fatigability, epigastric abnormalities, jaundice, black stools, pain in finger or hand, others ()	Liver or spleen scintigram
	Neuroclinical examination of central nervous system
Enlargement of liver or spleen	Date: Name of medical institution Address of medical institution Name of physician: Seal To: Director of Labour Bureau
Hepatic function test	
Direct radiography of chest Image 54	

Note: A signature may be entered in lieu of entering a name and affixing a seal.

Form No.9 (Related to Article 57) (10)

Report of results of medical examination of a person for whom a Personal Health Record has been issued (asbestos)		
Personal Health Record No.:	Observation of radiography using special methods	
Name and address: Date of birth: Y.M.D Age: Gender: Male / Female		
Results of medical examination Evaluation: Normal/abnormal Reexamination: Required/not required Additional examination: Required/not required Treatment: Required/not required		
Smoking history None, quit, currently smokes	Sputum cytodagnosis	
Anamnesis None Cough, phlegm, shortness of breath, chest pain, others ()	Bronchoscopy	
Subjective and objective symptoms None Cough, phlegm, shortness of breath, chest pain, others ()	Date:	
Direct radiography of chest	Image 55	Name of medical institution Address of medical institution Name of physician: Seal
		To: Director of Labour Bureau

Note: A signature may be entered in lieu of entering a name and affixing a seal.