

Ningen Dock Package

(Executive Physical Examination)

| EXAMINATION 検 査 項 目 | | Basic | ISHL | | Standard | | | Cancer | |
|---|---------------------------------|-------|------|-----|----------|------|------|--------|------|
| | | A | B | B-1 | B-2 | D-1 | D-2 | E | F |
| Complete Physical Exam | 問診・診察 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Vision Test, Color Blindness | 視力 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Body Measurement・BP | 身体計測・血圧 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Sedimentation Rate | 血沈 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Comprehensive Screen Profile | 総合血液検査 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| ・Complete Blood Count | ・血球算定 | | | | | | | | |
| ・Glucose-BS | ・血糖(糖尿病) | | | | | | | | |
| ・Electrolyte-Na,K,Cl,Ca, Kidney-BUN,Creatinine | ・電解質 ・腎機能 | | | | | | | | |
| ・Gallbladder-T-Bil | ・胆嚢(ビリルビン) | | | | | | | | |
| ・Uric Acid | ・尿酸(痛風) | | | | | | | | |
| ・Iron Profile | ・鉄分(貧血) | | | | | | | | |
| ・Liver-TP,Albumin,Globulin ALP,GOT,GPT,γ-GTP,A/G ratio | ・肝機能 | | | | | | | | |
| ・Cholesterol,TG,HDL,LDL | ・血中脂肪分析(高脂血症) | | | | | | | | |
| ・Thyroid-TSH | ・甲状腺機能 | | | | | | | | |
| Rheumatoid Factor | リウマチ因子 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Urinalysis | 尿検査 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Stool Hemoccult | 便潜血検査 | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Chest X-Ray (Imaging HealthCare) | 胸部X線(検査センターにて撮影) | | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| E.K.G. | 心電図 | | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Audiometry | 聴力検査 | | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| Spirometry | 肺機能検査 -喫煙者推薦 | | | | | | ■ | ■ | |
| Hepatitis B,C | B,C型肝炎ウイルス抗原抗体 | | | | | ■ | ■ | ■ | ■ |
| AIDS /HIV | エイズ検査 | | | | | ■ | ■ | ■ | ■ |
| CEA,AFP,PSA(MALE) | 腫瘍マーカー(男性)-45才以上 | | | | | ■ | ■ | ■ | ■ |
| CEA,AFP,CA125(FEMALE) | 〃 (女性)-45才以上 | | | | | ■ | ■ | ■ | ■ |
| Helicobactor Pylori (Breath) | ピロリ菌(尿素呼気検査) | | | | ■ | | ■ | ■ | ■ |
| Glycohemoglobin | ヘモグロビン A1C (糖尿病) | | | | | | | ■ | ■ |
| Microscopy (Urine) | 尿沈渣 | | | | | | | ■ | ■ |
| U/S-Abdominal,Kidney | 腹部超音波(肝・胆・膵・腎・脾) | | | ■ | ■ | ■ | ■ | ■ | ■ |
| Galleri Cancer screening test | 50種以上のガン早期発見血液検査 | | | | | | | | ■ |
| Special Package Price | | 570 | 720 | 940 | 1090 | 1430 | 1580 | 1980 | 2980 |

| Woman's Examination | 婦人科健診 | W1 | W2 | W3 | W4 | |
|-----------------------|-------------|----|-----|-----|-----|-------------------------|
| Pap Smear | 子宮頸癌細胞診・内診 | ■ | ■ | ■ | ■ | Recommended for age 20+ |
| Ultrasound/Breasts | 乳房超音波 | | ■ | ■ | ■ | Recommended for age 35+ |
| Ultrasound/Pelvic | 子宮・卵巣超音波 | | | ■ | ■ | Recommended for age 40+ |
| Post Menopausal (FSH) | 更年期女性ホルモン検査 | | | | ■ | Recommended for age 50+ |
| Special Package Price | | 90 | 280 | 500 | 580 | |

Revised 4/1/2025



Executive Physical Examination

The total duration for all courses ranges from 2 to 3 hours. No hospitalization is required.
If additional tests are necessary, they can be added to each package at half the regular price.

A Basic Health Check Package

The basic package includes comprehensive blood tests, urine tests, and stool tests.

B Health Examination Package based on the Japanese Occupational Safety and Health Act (Article 66)

B course covers all the requirements mandated by the Ministry of Health, Labor, and Welfare in Japan.

Course B-1 includes an abdominal ultrasound exam, which checks for diseases in the liver, gallbladder, pancreas, kidneys, and spleen.

Course B-2 includes a urea breath test that checks for Helicobacter pylori, a bacteria that causes stomach cancer. (If you regularly take stomach medication, you will need to stop taking it two weeks before the test, so please inform us when making your reservation.)

D Advanced Health Examination Package

Course D-1 includes tumor markers (screening blood tests for colon, liver, and prostate / ovarian cancers), tests for viral hepatitis and AIDS, and an abdominal ultrasound exam.

Course D-2 includes a breath test to check for Helicobacter pylori, the bacteria that causes stomach cancer. (If you regularly take stomach medication, you will need to stop taking it two weeks before the test, so please inform us when making your reservation.)

E Complete Health Examination Package

Course E is a full package that includes a Helicobacter pylori urea breath test, urine sediment test, lung function test, diabetes screening test (Hemoglobin A1C), and abdominal ultrasound exam. It is the closest to the health checkups (Ningen Dock) conducted in Japan.

(If you regularly take stomach medication, you will need to stop taking it two weeks before the test, so please inform us when making your reservation.)

F CANCER Screening Package

Course F includes Galleri blood test, which enables screening for over 50 types of cancer, enhancing the early cancer detection package. This screening targets cancers such as anal, bladder, colorectal, esophageal, head and neck, liver, lung, lymphoma, ovarian, pancreatic, breast, and gastric cancers, among others. The Galleri test is strictly a screening test and not a diagnostic tool. If the Galleri test shows positive results, further precise tests such as CT scans, MRI scans, etc., tailored to the detected cancer, will be necessary.

W Women's Health Package

Package for the Early Detection of Gynecological Diseases including Breast Cancer, Cervical Cancer, Endometrial Cancer, and others. Please combine with the above health checkup package.

K Pediatric Health Package

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| Children's Examination | 小児科健診 | KA (0-4) | KB (4-5) | KC (6+) |
|-----------------------------------|-------|----------|----------|---------|
| Complete Physical Exam (問診・診察) | | ■ | ■ | ■ |
| Vision test, Audiometry (視力・聴力検査) | | | ■ | ■ |
| Urinalysis (尿検査) | | | ■ | ■ |
| Hemoglobin (貧血検査) | | | ■ | ■ |
| E.K.G. (心電図) | | | | ■ |
| 小児科健診パッケージ料金 | | 140 | 220 | 300 |

Ningen Dock (Executive Physical Exam) Application Form

*Please fill out this form in English.

1. ご勤務先 Company Information

| | |
|---------------------|---------------------|
| 会社名 Company Name: | 社員氏名 Employee Name: |
| 担当者 Contact Person: | 担当者電話番号 Phone: |
| 担当者 Email: | |

2. 受診者 Applicant Information

| | | |
|-----------------------|-----------------------------|-------------|
| 氏名 Name: | 男性 (Male) | 女性 (Female) |
| 検査コース名 Exam Package: | 生年月日 DOB: yyyy / mm / dd | |
| 自宅住所 Mailing Address: | | |
| City: | State: | Zip code: |
| Cell Phone: | Work Phone: | |
| Home Phone: | | |
| Email Address: | | |

受診ご家族名 Family Members applying for Physical Exams:

| 氏名 Name: | 生年月日 DOB: | 性別(Sex) | コース (Exam Package) | Cell Phone |
|----------|----------------|----------------|--------------------|------------|
| | yyyy / mm / dd | Male Female | | |
| | yyyy / mm / dd | Male Female | | |
| | yyyy / mm / dd | Male Female | | |
| | yyyy / mm / dd | Male Female | | |
| | yyyy / mm / dd | Male Female | | |

3. ご希望検査日時 Applicant Date Preferred:

| | | | | | |
|-----------|------|------|--------|--------|--------|
| 1st: 第一希望 | Date | Time | 8:30am | 8:45am | 9:00am |
| 2nd: 第二希望 | Date | Time | 8:30am | 8:45am | 9:00am |
| 3rd: 第三希望 | Date | Time | 8:30am | 8:45am | 9:00am |

4. お支払い方法 Billing Information:

| | | |
|---------------------------------|---------------------|-----------------|
| ご希望の項目に印を付けてください。 | | |
| <input type="checkbox"/> 全額会社請求 | Bill to the company | 名前(Print): |
| 支払い責任者 (Responsible Person) | | サイン(Signature): |
| <input type="checkbox"/> 個人請求 | Bill to individuals | 名前(Print): |
| 支払い責任者 (Responsible Person) | | サイン(Signature): |

Please fill out the required information on this application form and send it via Email or FAX.

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