

Ningen Dock Package

(Executive Physical Examination)

EXAMINATION	検査項目	基本	労安				成人ドック			
		A	B	B-1	B-2	C	D-1	D-2	E	
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 Hemocult	便潜血検査	■	■	■	■	■	■	■	■	
Chest X-Ray	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	■	■	■	■	■	■	■	■	
Glycohemoglobin A1C	ヘモグロビン A1C(糖尿病)	■	■	■	■	■	■	■	■	
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)					■	■	■	■	
CEA,AFP,CA125(FEMALE)	〃 (女性)					■	■	■	■	
Helicobacter Pylori (Breath)	ピロリ菌(尿素呼吸気検査)				■	■		■	■	
Microscopy (Urine)	尿沈渣								■	
Spirometry	肺機能検査 -喫煙者推薦								■	
U/S-Abdominal,Kidney	腹部超音波(肝・胆・膵・腎・脾)			■	■		■	■	■	
Special Package Price		690	790	1010	1160	1330	1510	1660	2080	

Woman's Examination	婦人科健診	W1	W2	W3	W4	
Pap Smear	子宮頸癌細胞診・内診	■	■	■	■	20代～ 年1回目安
Ultrasound/Breasts	乳房超音波		■	■	■	35歳以上 年1回目安
Ultrasound/Pelvic	子宮・卵巣超音波			■	■	希望者 年1回目安
Post Menopausal (FSH)	更年期女性ホルモン検査				■	更年期前後の女性
Special Package Price		120	330	540	620	

Revised 4/1/2026



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)

Course B covers all the requirements including Chest X-ray, 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.)

C, D Advanced Health Examination Package

Course C covers tumor markers (screening blood tests for colon, liver, and prostate / ovarian cancers), tests for viral hepatitis and AIDS, and Helicobacter pylori, the bacteria that causes stomach cancer on top of the basic package course A.

Course D-1 includes Chest X-ray and 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.)

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)			■
Special Package Price	150	250	330

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"/> 全額保険請求	Bill to insurance — Please attach copy of your insurance card (both side.)	
	(*We accept insurance only when the plan has special coverage for Ningen Dock.)	
<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.