General Health Checkup Report

Subject name		Resident registration number	
Date of examination		Health checkup institution	□ Visit □ On-site checkup

Health Checkup General comments

Determination – □ Normal A □ Normal B (boundary)
□ General disease □ Hypertension or diabetes mellitus suspected (Diagnostic test required) □ Abnormal

◆ ○○○ received general health examination and other , , tests.
* Please refer to the results and prescription of assessment of life habits for your assessment of life habits.

◆ Mr./Mrs./Ms. , you are in need of health care relating to the following matters.

▷ Suspected Illness:

* If you are diagnosed with suspected hypertension or diabetes mellitus, you may receive a diagnostic test at a nearby hospital or clinic. The medical bills of your first visit for a diagnostic test are subsidized (You should have a test before January 31 the following year.)
If you are an eligible recipient of medical benefits, you may receive a diagnostic test at a nearby clinic in accordance with the Medical Care Assistance Act.

▷ Illness confirmed:

▷ Management of life habits

▷ Others

*Blood test result may vary according to the reference criteria used by each health checkup institution in the determination of normal A, normal B, and suspected disease.

Test type	Objective disease	Examination item	Result (reference value)			
Measuring examination	Obesity/ Abdominal obesity	Height (cm) / weight (kg)	/			
		BMI (kg/m^2)	□ Underweight (below 18.5)	□ Normal (18.5-24.9)	□ Overweight (25-29.9)	□ Obesity (30 and over)
		waist (cm)	□ Normal		□ Abdominal obesity (Male: 90 and over; Female: 85 and over)	
	Abnormality of visual acuity	Visual acuity (left/right)	/	□ corrected		
	Abnormality of auditory acuity	Auditory acuity (left/right)	/		□ Normal	□ Disease suspected
	Hypertension (systole/ diastolic)	/ mmHg	□ Normal □ Hypertension □ Prehypertension (systole: 120-139, or diastolic: 80-99) □ Hypertension suspected (140 and over or 90 and over)			

Test type	Objective disease	Examination item	Result	Reference value	Judgment
Blood test	Anemia	Hemoglobin (g/dL)		Male: 13-16.5 Female: 12-15.5	□ Normal □ Anemia suspected □ Others
	Diabetes Mellitus	Fasting blood sugar (mg/dL)		Below 100	□ Normal □ Diabetes mellitus □ Impaired fasting glucose suspected □ Diabetes mellitus suspected
	Dyslipidemia	Total cholesterol (mg/dL)		Below 200	□ Normal □ Hypercholesterolemia suspected □ Hypertriglyceridemia suspected □ Low HDL cholesterol suspected □ Diabetes mellitus
		HDL cholesterol (mg/dL)		Below 60	
		Triglyceride (mg/dL)		Below 150	
		LDL cholesterol (mg/dL)		Below 130	
	Kidney disease	Serum creatinine (mg/dL)		1.5 and below	□ Normal □ Kidney disease suspected
		Glomerular filtration rate (e-GFR) (mL/min/1.73㎡)		60 and over	
	Liver disease	AST(SGOT)(IU/L)		40 and below	□ Normal □ Liver disease suspected
		ALT(SGPT)(IU/L)		35 and below	
		Gamma-GTP (γGTP)(IU/L)		Male: 63 and below Female: 35 and below	

Urinalysis	Proteinuria	□ Normal	□ Boundary	□ Proteinuria suspected	
Radiography	Chest radiograph	□ Normal	□ Inactive pulmonary tuberculosis	□ Disease suspected:	□ Others:

Physical examination (questionnaire)	Past medical history diagnosis		Medication therapy		
	Lifestyle	□ Smoking abstinence required	□ Drinking restriction required	□ Exercise required	□ Muscle exercise required
		* Consult your physician.			

	Applicability		Result			
Hepatitis B	□ Applicable	□ Not applicable	Surface antigen	□ General	□ Precise ( )	
			Surface antibody	□ General	□ Precise ( )	
			□ Antibody detected □ Antibody not detected	□ Hepatitis B virus antigen carrier suspected	□ Diagnosis deferred	
Depression	□ Applicable	□ Not applicable	□ No symptoms of depression (0~4 points) □ Moderate depression suspected (10~19 points)	□ Light symptoms of depression (5~9 points) □ Severe depression suspected (20~27 points)		
Cognitive function disorder	□ Applicable	□ Not applicable	□ No specific abnormality (0~5 points) □ Cognitive function disorder suspected (6 points and over)			
Bone density test	□ Applicable	□ Not applicable		□ Normal	□ Osteopenia	□ Osteoporosis
Physical functional assessment of elderly	□ Applicable	□ Not applicable	□ Normal	□ Physical functions degraded		
Functional assessment of elderly (questionnaire)	□ Applicable	□ Not applicable	Fall	□ Normal	□ High risk of fall	
			Ability to perform daily living activities	□ Normal	□ In need of daily living assistance	
			Vaccination	□ Influenza vaccine inoculation required □ Pneumococcal vaccine inoculation required □ Vaccine inoculation not required		
			Micturition disorder	□ Normal	□ Micturition disorder suspected	

Cardiovascular Disease Risk Assessment

*Cardiovascular disease refers to ailments including stroke, myocardial infarction, etc.

Name **Sex** **Age** **Date of examination** 0000-00-00

Risk of cardiovascular disease

Your risk of cardiovascular disease (Compared to average for your (age) (sex))	Probability that you develop cardiovascular disease within 10 years		Cardiovascular age
	Mr./Mrs./Ms.	0.0%	
	Average for your (age)(sex)	0.0%	
0.00 times		0 20 40 60 80 100	**00 years**

Learn about health related factors

Health related factors	Current condition →	Target condition	Health signals
Weight **Waist line**		Below 65kg Below 90cm	위험 Danger
Exercise		Five or more times per week	위험 Danger
Drinking		Not more than 2 glasses	위험 Danger
Blood pressure		Below 120/80	위험 Danger
Smoking		Sustain nonsmoking	주의 Caution
Fasting blood sugar		Below 100	주의 Caution
Total cholesterol **LDL cholesterol**		Below 200 Below 130	안전 Safe

Mr./Mrs./Ms. , the results above are your current health conditions and goals based on your questionnaire answers and test results. You will need to actively improve the items corresponding to the health signals “Caution” or “Danger”. If you are taking any medication for hypertension, diabetes mellitus, or dyslipidemia, your health signal result will be “Caution” even when your blood pressure, fasting blood sugar level, and cholesterol fall within the goal ranges. Please continue to manage your health conditions.

※ As the goals above follow the general guidelines, they may vary depending on your health conditions. Please consult your physician.

To improve health related factors

The probability that you develop cardiovascular disease within 10 years should decrease by	Cardiovascular age
00% (0.0% → 0.0%)	**00 → 00**

This certifies the information above as your health checkup results.

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Date of assessment: Physician: License (Qualification) / No. Name (Signature)

(Medical Care Institution)

Assessment Results of Life Habits

Subject name		Resident registration number	
Date of examination		Health checkup institution	□ Visit □ On-site checkup

Smoking		
	□ Nonsmoker □ Former smoker □ Current smoker □ Smoker using e-cigarettes only	
	Nicotine dependence assessment	□ Low (0~3 points) □ Middle (4~6 points) □ High (7~10 points)
	Prescription for quitting smoking	□ Yes □ No
	Prescription	□ Consultation and education □ Medication therapy (nicotine replacement therapy, bupropion, and varenicline) □ Referral (nonsmoking center and clinic)

Alcohol consumption		
	□ Non-drinker □ Light drinker □ Heavy drinker □ Alcohol use disorder suspected	
	Prescription for quitting drinking/restricting drinking	□ Yes □ No
	Prescription	□ Consultation and education □ Medication therapy □ Referral (alcohol rehab center and clinic)

Exercise		
	□ Lack of exercise □ Basic exercise □ Exercise for promotion of health □ Lack of muscle exercise □ Proper muscle exercise	
	Exercise prescription	□ Yes □ No
	Prescription Type:	□ Power walking □ Swimming □ Mountain climbing □Aerobics □ Stretching □ Muscle exercise □ Others ( )
	Time:	□ 10 minutes □ 15~30 minutes □ Over 30 minutes □ Others ( )
	Frequency:	□ 1~2 times a week □ 3~4 times a week □ More than 5 times a week

Nutrition		
	□ Good □ Normal □ Poor	
	Nutrition prescription	□ Yes □ No
	Prescription	□ Please increase food intake. (□ Diary □ Proteins □ Vegetables) □ Please decrease (□ Fat □Simple sugear □ Salinity (salt)) □ Healthy eating habits (□ Not skipping breakfast □ Eating a balanced variety of foods) □ Referral (Nutrition education class)

Obesity		
	□ Normal weight □ Overweight □ Obesity	
	Prescription for obesity	□ Yes □ No
	Prescription	□ Please decrease the amount of food intake. □ Please decrease daytime and nighttime snacks. □ Please decrease the amount and frequency of alcohol consumption. □ Please decrease dining out and fast food intake. □ Please refer to the exercise prescription. □ Referral (Obesity clinic) □ Others ( )