			Five Major Cancer Screenings								Other Scr	eenings		Health Checkups for Lifestyle Disease Prevention			
Types of Health Check/Screening		Use workplace screening if available.						Use workplace screening if available.				<u>e.</u>	Shizuoka City National Health Insurance Enrollees			Medical Care System for the Elder Aged 75 and Over Enrollees	
		Cervical Cancer	Breast Cancer	Gastric Cancer 1. Barium	Gastric Cancer 2. Endoscopy	Colorectal Cancer	Tuberculosis & Lung Cancer	Prostate Cancer	Osteoporosis	Hepatitis Virus	Gastric Cancer Risk	Periodontal Disease	Health 1. 30-39 years old	Check 2. Mid-year enrollees	Specific Health Checkup	Medical Care System for the Elderly Aged 75 and Over Health Checkup	
Ir	mplementa	tion Period			Swallow Anr - Nex						Apr - Next	Year Mar		Anr - Nev	40-74 years old	May - Ne	xt Year Mar
		en Screenings	Apr - Next Year Mar Once every 2 years (even-numbered ages)				Or	Once a year		Once a year For those who have never been screened			Once a year	Apr - Next Year Mar May Once a year		<u> </u>	KC TCUI IVIUI
	20-29 years old					1855,										1	
	Born 1 Apr 1996										*						
	35-39 years old Born 1 Apr 1986 - 31 Mar 1991 40-49 years old Born 1 Apr 1976 - 31 Mar 1986 50-69 years old		*							2	*			*			
a -			•							•	2 9	*		*			
g <u>r</u>			_							_	•	A V		A V			
1 .			*	*			*	*		*	*	*			*	*	
_			*	*	*	*	*	*	•	*	*				*	*	* *
е	70-74 years		*	*	*	*	*	2 *	•	*	*				*	*	* *
75 years old and older Born 31 Mar 1951 or before		*	*	*	*	*	2 🕏	•	*	*						**	
Out-of- Cost		2. You may be eligible for exemption	¥1,000	¥2,000 (¥3,000 if you require an in-person explanation of results)	¥1,200	¥3,000	¥300	Free (¥300 container fee if you request a sputum test)	¥1,000	¥500	Free	¥4,000	¥600	¥1500 (¥500 for tax-exempt households)	Free	Free	Free
	Sc	reening Voucher	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (please apply)	Not Required *Required for those listed in precautions	Required (please apply)	Required (please apply)	Required (Mailed out from end of Apr)	Required (Mailed out from end of Apr)
What	nt to		*No	screening voucher	s issued. Apply	directly to an a	applicable clin	ic and say "I want to	get the Shizuoka	City XX screen	ing."					. ,	
Brir	~~	y Number Health Isurance Card or Equivalent	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required	Required
		Other												Health Checkup Form	Questionnaire Form	Questionnaire Form	Questionnaire Form
		Make sure to read precautions!						People aged 65 and over (born on or before March 31, 1961) will receive a screening voucher with the schedule by			There is no age limit. Available for those who have never received a hepatitis		People aged 40 (born between April 1, 1985 and March 31, 1986) will receive a free screening voucher by mail.	Eligible 30-year-olds are those born between April 2, 1995 and April 1, 1996.			People aged 65 and over with certain disabilities who are enrolled in the Medical Care System for the Elderly Aged 7 and Over are also eligible. If you turn 75 after June 1,
Precau								mail. No reservation is required at mobile screening venues.			screening.			① Pregnant or postpartun ② Individuals hospitalized	ies such as nursing homes, s	naternal health checkups)	
Inquiries			Health Promotion Division TEL: 054-221-1579								Oral Health Support Center TEL: 054-249- 3175						

*Please note that health checkup results may be used as statistical data for quality control, research, and analysis, excluding any personally identifiable information.

Exemption from Out-of-Pocket Costs

People who meet any of the following conditions (A–F) are exempt from out-of pocket costs:

- A. People aged 70 and over (born on or before March 31, 1956)
- B. Holders of a Medical Care System for the Elderly Aged 75 and Over insurance card
- C. Members of households receiving public assistance (Must present an original certificate on the day of the checkup)
- D. Members of households exempt from municipal resident tax (Must present an original certificate on the day of the checkup)

Please obtain the most recent year's certificate for the household's primary income earner as of the checkup date (300 yen per copy).

Available at:
Shizuoka City Hall, Municipal Tax Division, Tax Certificate
Section; Suruga Ward Office, Suruga Tax Center; Shimizu Ward
Office, Shimizu Municipal Tax Office
Also available at branch offices and citizen service counters.



E. Recipients of free cancer screening coupon vouchers

Vouchers will be mailed to eligible individuals who are registered residents of Shizuoka City as of April 20, 2025. If you moved into the city after the reference date or lost your voucher, please contact the Health Promotion Division.

Screening Type	Eligible Persons	Mailing Period	Expiration Date		
Breast Cancer	Born 2 April 1984-1 April 1985	Scheduled for early	End of Feb 2026		
Cervical Cancer	Born 2 April 2004-1 April 2005	May 2025	Elid of Feb 2026		

F. Individuals receiving colorectal cancer screening at the same time as Shizuoka City's Specific Health Checkup

The out-of-pocket cost for colorectal cancer screening will be waived. No coupon is issued, so please inform staff at the time of applying for the Specific Health Checkup that you also wish to receive Shizuoka City's colorectal cancer screening.