

## 2024年度 健康診断検査項目

|               | 深夜業健診        |          | 定期健診  |        | 生活習慣病検診  |        | 人間ドック |       |     |         |       |
|---------------|--------------|----------|-------|--------|----------|--------|-------|-------|-----|---------|-------|
|               | 35歳未満・36～39歳 | 35歳・40以上 | 29歳以下 | 30～34歳 | 35歳・40以上 | 36～39歳 | 35歳   | 39歳未満 | 40歳 | 41歳～44歳 | 45歳以上 |
|               |              |          |       |        |          |        | 管理職   | 管理職   |     |         |       |
| 身長・体重・BMI・腹囲  | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ●   | ●       | ●     |
| 視力            | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ○   | ○       | ○     |
| 簡易聴力検査        | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ○   | ○       | ○     |
| 尿糖            | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ●   | ●       | ●     |
| 尿蛋白           | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ●   | ●       | ●     |
| 尿潜血           |              |          | ○     | ○      | ○        | ○      | ○     | ○     | ○   | ○       | ○     |
| 尿ウロビリノーゲン     |              |          | ○     | ○      | ○        | ○      | ○     | ○     | ○   | ○       | ○     |
| 血圧測定          | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ●   | ●       | ●     |
| 内科診察          | ○            | ○        | ○     | ○      | ○        | ○      | ○     | ○     | ●   | ●       | ●     |
| 胸部レントゲン(直接)   |              |          | ○     | ○      | ○        | ○      | ○     | ○     | ○   | ○       | ○     |
| 心電図           |              | ○        |       | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
| 血液検査          | WBC          | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
|               | RBC          | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
|               | Hb           | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
|               | Ht           | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
|               | 血小板数         | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ○   | ○       | ○     |
|               | 血糖           | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ●   | ●       | ●     |
|               | GOT          | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ●   | ●       | ●     |
|               | GPT          | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ●   | ●       | ●     |
|               | γ-GTP        | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ●   | ●       | ●     |
|               | LDL-CHO      | ○        | ●     | ●      | ○        | ●      | ○     | ●     | ●   | ●       | ●     |
| TG            | ○            | ●        | ●     | ○      | ●        | ○      | ●     | ●     | ●   | ●       |       |
| HDL-CHO       | ○            | ●        | ●     | ○      | ●        | ○      | ●     | ●     | ●   | ●       |       |
| 聴力検査(オージオメータ) |              |          |       |        | ○        | ●      | ○     | ●     | ○   | ●       |       |
| 胃部検査          | X線検査         |          |       |        | ☆        | ☆      | ☆     | ☆     | ☆   | ☆       | ☆     |
|               | 内視鏡検査        |          |       |        | ☆        | ☆      | ☆     | ☆     | ☆   | ☆       | ☆     |
|               | ABC検診        |          |       |        | ☆        | ☆      | ☆     | ☆     | ☆   | ☆       | ☆     |
| 眼底検査          |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 便潜血検査(2回法)    |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 血液検査          | 尿酸           |          | ●     | ●      | ●        | ●      | ●     | ●     | ●   | ●       | ●     |
|               | HbA1c        |          | ●     | ●      | ●        | ●      | ●     | ●     | ●   | ●       | ●     |
|               | T-CHO        |          | ●     | ●      | ●        | ●      | ●     | ●     | ●   | ●       | ●     |
|               | TP           |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
| 血液検査          | A/G比         |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | BUN          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | T-Bil        |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | LDH          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | ALP          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | 血液アミラーゼ      |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | MCV          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | MCH          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | MCHC         |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | CRP          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | HBs抗原        |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | HCV抗体        |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | RA           |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | ASO          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
| 血液型           |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| PSA(男性のみ)     |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 尿検査           | 尿比重          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
|               | 尿沈渣          |          |       |        |          | ●      | ●     | ●     | ●   | ●       | ●     |
| 眼圧検査          |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 肺機能           |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 腹部超音波         |              |          |       |        | ●        | ●      | ●     | ●     | ●   | ●       |       |
| 婦人科           | 子宮頸部細胞診      |          | ★     | ★      | ★        | ★      | ★     | ★     | ★   | ★       | ★     |
|               | 乳房触診         |          | ★     | ★      | ★        | ★      | ★     | ★     | ★   | ★       | ★     |
|               | 乳房超音波        |          | ★     | ★      | ★        | ★      | ★     | ★     | ☆   | ☆       | ☆     |
|               | マンモグラフィ      |          |       |        |          |        |       |       | ☆   | ☆       | ☆     |

○ = 会社負担項目

● = 健保負担項目

★ = 健保負担項目(女性希望者)

☆ = 健保負担項目(選択制)

&lt;注 : 人間ドック検診希望者は、費用の一部(5,000円)が自己負担となります。&gt;