

健康診断料金表

R6.4.8

| 検査区分 | 検査項目 | コース | | | | | 法定検査 | | |
|---------------|--------------|--------|--------|--------|--------|---------|--------|--------|----------|
| | | A | B | C | D | E | 雇入時 | 40↓※1 | 35・40↑※2 |
| 問診 | 既往症及び業務歴 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | 自覚症状と他覚症状の有無 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| 身体測定 | 身長 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | 体重・BMI | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | 腹囲 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | 血圧 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| 視力検査（矯正視力1以外） | | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| 聴力検査（その他） | | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| 胸部X線検査 | | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| 尿検査 | 糖 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | 蛋白 | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ | ◎ |
| | ウロビリノーゲン | ◎ | ◎ | ◎ | ◎ | ◎ | | | |
| | 潜血 | ◎ | ◎ | ◎ | ◎ | ◎ | | | |
| 貧血検査 | 赤血球数 | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | 白血球数 | | | ◎ | ◎ | ◎ | | | |
| | 血色素 | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | ヘマトクリット | | | ◎ | ◎ | ◎ | | | |
| | 血小板数 | | | ◎ | ◎ | ◎ | | | |
| 肝機能検査 | AST | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | ALT | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | γGTP | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | 総蛋白 | | | | | ◎ | | | |
| | ALP | | | | | ◎ | | | |
| 脂質検査 | HDLコレステロール | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | LDLコレステロール | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| | 中性脂肪 | | | ◎ | ◎ | ◎ | ◎ | | ◎ |
| 膵機能 | アミラーゼ | | | | | ◎ | | | |
| 腎機能 | 尿素窒素 | | | | | ◎ | | | |
| | クレアチン | | | | | ◎ | | | |
| 痛風 | 尿酸 | | | ◎ | ◎ | ◎ | | | |
| 血糖検査 | 空腹時糖又はHbA1c | | | | | ◎ | ◎ | ◎ | |
| 採血料 | | | | ◎ | ◎ | ◎ | ◎ | ◎ | |
| 心電図検査 | | | ◎ | | ◎ | ◎ | ◎ | ◎ | |
| 料金（税込） | | ¥4,620 | ¥6,050 | ¥8,800 | ¥9,900 | ¥10,450 | ¥9,900 | ¥4,620 | ¥9,900 |

※1・・・40歳以下の方 ※2・・・35歳の方、及び40歳以上の方

★事前の予約制となります。

TownClinic 022-358-1976