

For those whose Urine test result is 「Positive・Undetermined」, please bring this form and take the Secondary test (Stool test) at any designated medical institution. Take the Stool test kit from the medical institution and submit the it some other day.

【Reminder】 Free examination is **until March 31, 2026 only.**

三泗中学生 ピロリ菌二次検査(便検査) 申込書

Sanshi Junior High School Students Second H. Pylori Test (Stool Test) Application Form

We are requesting for second H. Pylori test (Stool test).

Year 年 Month 月 Day 日

※ Please fill in the box.

本人 Student		生年月日 Birthdate	平成 Heisei	年 Year	月 Month	日生 Day
住所 Address		電話番号 Tel.	※ Please write the tel. no. that can be surely reached.			
保護者 Guardian						

《医療機関各位 To Whom It May Concern》

- Please cut the line below and give the bottom part to the Guardian. Please tell them to bring this together with the stool sample. Please talk to the guardian and the student about the date of submission of the stool sample.

⇒ ^{Stool sample submission schedule} 検便提出予定日 : R 年 月 日

- If stool sample were not submitted, notify them by phone 2 times in 2 months and if they still did not submit the stool sample, please send this form together with the bill to the department in-charge of the city of residence.
(※Please send to Yokkaichi city if living outside Yokkaichi city or Mie Gun 3 Cho)

【電話での勧奨状況 Notification through telephone】

	Date notified	Condition
First	R 年 月 日	
Second	R 年 月 日	

医療機関名 Medical Institution's name

-----Please cut-----

三泗中学生ピロリ菌二次検査(便検査) Sanshi Junior High School Student Second H. Pylori Test (Stool Test) (Please bring this form together with the stool sample.)

R 年 月 日までに、医療機関へ検便を提出してください。

Please submit the stool sample until R 年 月 日.

医療機関名 Medical institution



本人 Student		生年月日 Birthdate	平成 Heisei	年 Year	月 Month	日生 Date
住所 Address		電話番号 Tel.	※ Please write the tel. no. that can be surely reached.			
保護者 Guardian						