

Chest X-ray Detailed Examination List (for Students and Teachers)

Funabashi City Board of
Education

Katakana		Date of Birth	Gender	First Exam (radiophotography) on:	yy/mm/dd	
Name		yy/mm/dd	Male/Female	Precision Exam (radiography) on:	yy/mm/dd	
				Doctor's comment		
School Name	(Grade Class)			Radiophotography NO. _____		
Medical Questionnaire (Please detail the medical event if any.)						
1. Nothing				Radiophotography NO. _____		
2. Pneumonia						
3. Pulmonary tuberculosis						
4. .pulmonary empyema						
5. Bronchitis						
6. Bronchiectasis						
7. Bronchial asthma						
8. Emphysema						
9. Pneumopleuritis						
10. Heart disease						
11. Thoracic injury or surgery						
12. Others				01.No disease observed.	10.Pulmonary tuberculosis pls	19.Emphysema
				02.Pneumonia	11.pulmonary empyema	20.pulmonary edema
1. Nothing				03.Pulmonary tuberculosis	12.Pneumomycosis	21.pneumoconiosis
2. Cough				04.Pulmonary tuberculosis I	13.Bronchial lesion	22.costal lesion
3. Sputum				05.Pulmonary tuberculosis II	14.lung cancer	23.mediastinal lesion
4. Bloody phlegm				06.Pulmonary tuberculosis III	15.atelectasis	24.lesion of diaphragm
5. Chest pain				07.Pulmonary tuberculosis IV	16.sarcoidosis	25.cardiac or vascular lesion
6. Dyspnea				08.Pulmonary tuberculosis V	17.bronchiectasis	26.postoperative lung
7. Palpitation				09.Pulmonary tuberculosis pl	18.bronchial asthma	27.Others
8. Others				【evaluation】 01 Normal 02 No observation required 03 Precision exam necessary 04 Observation required 05 Medical treatment required		

* Please detail the medical event in the relevant columns if any.