

受診条件	ハイグレード ドック (男性)	ハイグレード ドック (女性)	人間ドック (ドック学会)	レディース ドック	生活習慣病 予防健診	協会けんぽ (全国健康保険協会)			企業健診 (労働安全衛生規則)		
						一般 + 付加	一般	被扶養者	第43条	第44条	
どなたでも受診可						40歳と60歳	35歳~74歳	40歳~74歳	雇用時健診	定期健康診断	
診察等	問診	●	●	●	●	●	●	●	●	●	
	計測	身長	●	●	●	●	●	●	●	●	●
		体重	●	●	●	●	●	●	●	●	●
		BMI	●	●	●	●	●	●	●	●	●
		脈調	●	●	●	●	●	●	●	●	●
		脈調序	●	●	●	●	●	●	●	●	●
		標準体重	●	●	●	●	●	●	●	●	●
	体脂肪率	●	●	●	●	●	●	●	●	●	
	視力 (裸眼または、矯正)	●	●	●	●	●	●	●	●	●	
	聴力 (1000Hz/4000Hz)	●	●	●	●	●	●	●	● (30dB/30dB)	● (30dB/40dB)	
血圧 (原則2回測定値と平均値)	●	●	●	●	●	●	●	●	●		
脂質代謝	総コレステロール	●	●	●	●	●	●	●	●	●	
	HDLコレステロール	●	●	●	●	●	●	●	●	●	
	LDLコレステロール	●	●	●	●	●	●	●	●	●	
	Non-HDLコレステロール	●	●	●	●	●	●	●	●	●	
	中低脂肪	●	●	●	●	●	●	●	●	●	
肝機能	GOT (AST)	●	●	●	●	●	●	●	●	●	
	GPT (ALT)	●	●	●	●	●	●	●	●	●	
	γ-GTP (γ-GT)	●	●	●	●	●	●	●	●	●	
	ALP	●	●	●	●	●	●	●	●	●	
	総蛋白	●	●	●	●	●	●	●	●	●	
	アルブミン	●	●	●	●	●	●	●	●	●	
	ビリルビン	●	●	●	●	●	●	●	●	●	
	LDH	●	●	●	●	●	●	●	●	●	
	AST/ALT	●	●	●	●	●	●	●	●	●	
	コリンエステラーゼ	●	●	●	●	●	●	●	●	●	
膵機能	HbA1c	●	●	●	●	●	●	●	●	●	
	HCV抗体	●	●	●	●	●	●	●	●	●	
	アミラーゼ	●	●	●	●	●	●	●	●	●	
糖代謝	空腹時血糖 (10時間以上)	●	●	●	●	●	●	●	●	●	
	随時血糖 (3.5~10時間未満)	■	■	■	■	■	■	■	■	■	
血液一般	HbA1c	●	●	●	●	●	●	●	●	●	
	尿糖	●	●	●	●	●	●	●	●	●	
	赤血球数	●	●	●	●	●	●	●	●	●	
	ヘモグロビン	●	●	●	●	●	●	●	●	●	
	白血球数	●	●	●	●	●	●	●	●	●	
	ヘマトクリット値	●	●	●	●	●	●	●	●	●	
	血小板数	●	●	●	●	●	●	●	●	●	
	血液価	●	●	●	●	●	●	●	●	●	
	MCV	●	●	●	●	●	●	●	●	●	
	MCH	●	●	●	●	●	●	●	●	●	
尿	MCHC	●	●	●	●	●	●	●	●	●	
	血液型 (ABO/Rh) 初回のみ	●	●	●	●	●	●	●	●	●	
	尿蛋白	●	●	●	●	●	●	●	●	●	
	尿糖	●	●	●	●	●	●	●	●	●	
	ウロビリノーゲン	●	●	●	●	●	●	●	●	●	
腎機能	比重	●	●	●	●	●	●	●	●	●	
	PH	●	●	●	●	●	●	●	●	●	
	尿沈査	●	●	●	●	●	●	●	●	●	
腎臓	クレアチニン	●	●	●	●	●	●	●	●	●	
	尿酸値	●	●	●	●	●	●	●	●	●	
痛風	eGFR	●	●	●	●	●	●	●	●	●	
	尿酸	●	●	●	●	●	●	●	●	●	
炎症	CRP (定量)	●	●	●	●	●	●	●	●	●	
	RF	●	●	●	●	●	●	●	●	●	
梅毒	TPHA	●	●	●	●	●	●	●	●	●	
	TRUST	●	●	●	●	●	●	●	●	●	
呼吸	肺活量	●	●	●	●	●	●	●	●	●	
	1秒率・%肺活量・%1秒量	●	●	●	●	●	●	●	●	●	
心臓	心電図 (安静時12誘導)	●	●	●	●	●	●	●	●	●	
	心拍数	●	●	●	●	●	●	●	●	●	
肺	胸部レントゲン	● (2方向)	● (2方向)	● (2方向)	● (2方向)	●	●	●	●	●	
	腹部レントゲン	●	●	●	●	●	●	●	●	●	
骨密度	骨密度	●	●	●	●	●	●	●	●	●	
	大腸	●	●	●	●	●	●	●	●	●	
消化器	胃	●	●	●	●	●	●	●	●	●	
	膵臓	●	●	●	●	●	●	●	●	●	
腫瘍マーカー	癌胚抗原 (CEA)	●	●	●	●	●	●	●	●	●	
	α-フェトプロテイン (AFP)	●	●	●	●	●	●	●	●	●	
脳ドック	前立腺癌 (PSA)	●	●	●	●	●	●	●	●	●	
	子宮・卵巣がん (CA-125)	●	●	●	●	●	●	●	●	●	
乳がん	乳腺超音波 (5断層)	●	●	●	●	●	●	●	●	●	
	マンモグラフィ	●	●	●	●	●	●	●	●	●	
健診料金 (税込)	121,000	137,500	33,000	51,700	22,000	28,469	18,865	7,150	8,800	8,800	
協会けんぽ補助料金 (税込)	0	0	0	0	0	16,498	11,696	6,650	0	0	
事業所様ご請求料金 (税込)	121,000	137,500	33,000	51,700	22,000	11,971	7,169	1,000	8,800	8,800	

■=空腹時検査 (食後10時間以内の方) は、随時検査 (食後3.5時間以上) に変更して検査をします。