

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	
						40歳と50歳	35歳~74歳	40歳~74歳	雇用時健診	定期健康診断	
受診条件	どなたでも受診可										
診察等	問診	●	●	●	●	●	●	●	●	●	
	計測	身長	●	●	●	●	●	●	●	●	●
		体重	●	●	●	●	●	●	●	●	●
		BMI	●	●	●	●	●	●	●	●	●
		腹囲	●	●	●	●	●	●	●	●	●
		肥満度			●	●					
		標準体重	●	●			●	●	●	●	●
体脂肪率	●	●									
脂質代謝	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)	●	●	●	●	●	●	●	●	●	
	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	●	●	●	●	●	●	●	●	●	
肝機能	中性脂肪	●	●	●	●	●	●	●	●	●	
	GOT (AST)	●	●	●	●	●	●	●	●	●	
	GPT (ALT)	●	●	●	●	●	●	●	●	●	
	γ-GTP (γ-GT)	●	●	●	●	●	●	●	●	●	
	ALP	●	●	●	●	●	●	●	●	●	
	総蛋白	●	●	●	●	●	●	●	●	●	
	アルブミン	●	●	●	●	●	●	●	●	●	
	総ビリルビン	●	●	●	●	●	●	●	●	●	
	LDH	●	●	●	●	●	●	●	●	●	
	A/G比	●	●	●	●	●	●	●	●	●	
	コリンエステラーゼ	●	●	●	●	●	●	●	●	●	
膵機能	HBs抗原	●	●	●	●	●	●	●	●	●	
	HCV抗体	●	●	●	●	●	●	●	●	●	
膵機能	アミラーゼ	●	●	●	●	●	●	●	●	●	
	空腹時血糖 (10時間以上)	●	●	●	●	●	●	●	●	●	
	随時血糖 (3.5~10時間未満)	■	■	■	■	■	■	■	■	■	
糖代謝	HbA1c	●	●	●	●	●	●	●	●	●	
	尿糖	●	●	●	●	●	●	●	●	●	
血液一般	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	●	●	●	●	●	●	●	●	●	
	血液像	●	●	●	●	●	●	●	●	●	
	MCV	●	●	●	●	●	●	●	●	●	
	MCH	●	●	●	●	●	●	●	●	●	
	MCHC	●	●	●	●	●	●	●	●	●	
	血液型 (ABO/Rh) 初回のみ	●	●	●	●	●	●	●	●	●	
尿	尿蛋白	●	●	●	●	●	●	●	●	●	
	尿潜血	●	●	●	●	●	●	●	●	●	
	ウロビリノーゲン	●	●	●	●	●	●	●	●	●	
	比重	●	●	●	●	●	●	●	●	●	
	PH	●	●	●	●	●	●	●	●	●	
	尿沈査	●	●	●	●	●	●	●	●	●	
腎機能	クレアチニン	●	●	●	●	●	●	●	●	●	
	尿素窒素	●	●	●	●	●	●	●	●	●	
	eGFR	●	●	●	●	●	●	●	●	●	
痛風	尿酸	●	●	●	●	●	●	●	●	●	
	CRP (定量)	●	●	●	●	●	●	●	●	●	
炎症	RF	●	●	●	●	●	●	●	●		
梅毒	TPHA	●	●	●	●	●	●	●	●		
甲状腺	TSH/FT3/FT4	●	●	●	●	●	●	●	●		
呼吸	肺活量	●	●	●	●	●	●	●	●	●	
	1秒率・%肺活量・%1秒量	●	●	●	●	●	●	●	●	●	
	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)	●	●	●	●		
胃	胃部レントゲン	●	●	●	●	●	●	●	●		
骨密度	骨塩定量	●	●	●	●	●	●	●	●		
大腸	便潜血反応2日法	●	●	●	●	●	●	●	●		
眼底	両眼	●	●	●	●	●	●	●	●		
眼圧	両眼	●	●	●	●	●	●	●	●		
腹部	腹部超音波 (5臓器)	●	●	●	●	●	●	●	●		
循環器	BNP	●	●	●	●	●	●	●	●		
消化管	ABC検診	●	●	●	●	●	●	●	●		
腫瘍マーカー	肺がん (SCC)	●	●	●	●	●	●	●	●	●	
	消化器がん (CA19-9/CEA)	●	●	●	●	●	●	●	●	●	
	肝臓がん (AFP)	●	●	●	●	●	●	●	●	●	
	前立腺がん (PSA)	●	●	●	●	●	●	●	●	●	
	子宮・卵巣がん (CA-125)	●	●	●	●	●	●	●	●	●	
脳ドック	乳がん (CA15-3/NCC-ST-439)	●	●	●	●	●	●	●	●	●	
	MRI/MRA	●	●	●	●	●	●	●	●	●	
乳がん	頸動脈超音波	●	●	●	●	●	●	●	●	●	
	マンモグラフィ	●	●	●	●	●	●	●	●	●	
	超音波	●	●	●	●	●	●	●	●	●	
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	500	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。