Date , 20〇〇

To the

 School Principal

結核精密検診のお知らせ

Announcement of tuberculosis precise examination

今年の定期健康診断において、ご家庭で記入・提出して頂いた問診票を参考に校医の診察を実施しましたところ、あなたのお子さまには結核精密検診の該当項目がありました。

At this year's regular health checkup, we conducted a medical examination with reference to the questionnaire filled in and submitted at home, and your child had a relevant item for tuberculosis precision screening.

このため、○○保健所管内学校結核対策委員会において結核専門医により審査した結果、**胸部エックス線撮影**が必要と判定されました.

Therefore, as a result of examination by a tuberculosis specialist at the ○○ Public Health School Tuberculosis Countermeasures Committee, it was determined that chest x-rays were necessary.

　つきましては、お子さまの健康管理に重要な検診ですので、別紙【結核精密検診受診票（４枚複写）】と保険証を持参して、裏面結核精密検診協力医療機関を受診されますようお願いいたします。

Therefore, since it is an important checkup for the health management of children, please bring a separate sheet [Tuberculosis Tuberculosis Examination Form (4 copies)] and a health insurance card to receive a medical examination at a partner medical institution on the backside tuberculosis.

なお、裏面協力医療機関で受診される場合、費用は無料となります。

In addition, there is no charge for medical examinations at back-sponsored medical institutions.

受診票の有効期限

Expiration date of Diagnostic Questionnaire Form

**Until , 20〇〇**