

To all guardians of 2<sup>nd</sup> year middle school students

## **H. Pylori Infection Testing for 2<sup>nd</sup> Year Middle School Students**

- 1 Summary** H. pylori (Helicobacter pylori bacterium) is considered a major cause of stomach cancer. Students will be tested for the presence of H. pylori in their stomach. Students who test positive will be offered treatment to eliminate the infection (this treatment is not mandatory). Treatment addresses gastritis caused by H. pylori and prevents diseases such as gastric cancer and gastric ulcers that can be caused by H. pylori.
- 2 Who is Eligible** 2<sup>nd</sup> year middle school students born between April 2, 2011 and April 1, 2012 who reside in Yokosuka
- 3 The Test** A urine sample will be tested to determine the presence of H. pylori antibodies.
- 4 How to Get Tested During the Testing Period**

How to get tested depends on the school your child currently attends:

- If your child is currently enrolled in a municipal middle school or special needs school in Yokosuka → *see page 2* (Urine sample to be submitted on the same day as the school's urine examination, as the urine sample submitted for the school urine examination will also be used to test for H. pylori.)
- If your child is not enrolled in a municipal middle school or special needs school in Yokosuka → *see page 3*

- 5 Cost** **FREE** (during testing period only)

### **6 Handling of Personal Information**

- For students enrolled in municipal middle schools and special needs schools in Yokosuka, the personal information (their name, student number, year and class, and the name of their school) collected for the school urine examination will be used for the H. pylori test.
- Personal information collected for this testing program will be used appropriately in accordance with its purpose, and will not be used for any other purpose.
- In order to improve the effectiveness of this testing program, the testing data, etc. collected may be used by the Yokosuka Medical Association and other related institutions and organizations recognized by the city of Yokosuka which conduct surveys and research in cooperation with the city of Yokosuka.

### **Inquiries:**

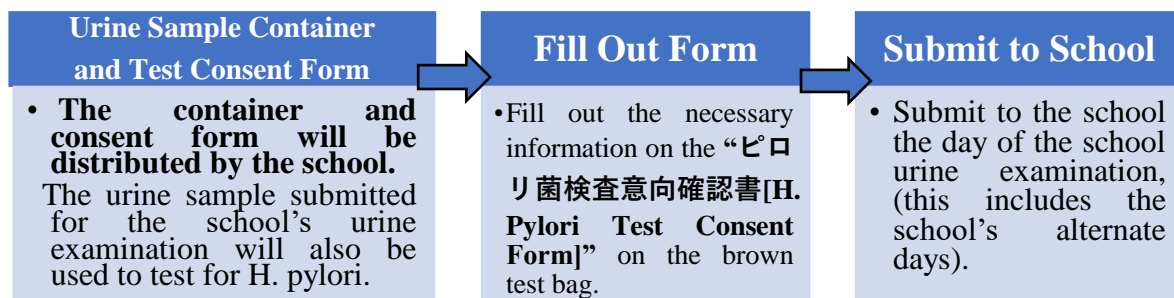
Health Management Support Division, City of Yokosuka

TEL: 046-822-4307 (Japanese only) FAX: 046-845-6871

Email : [kenshin-hchp@city.yokosuka.kanagawa.jp](mailto:kenshin-hchp@city.yokosuka.kanagawa.jp) (English available, please allow time for response)

# Testing For Students Enrolled in Middle Schools or Special Education Schools in Yokosuka

## 1. How to Submit a Sample for Testing



The urine sample is normally submitted to the school for testing. However, if you wish to submit the sample to an affiliated medical facility, please note that the urine sample will need to be submitted using a different container. (The containers distributed at schools are only for school urine examinations and cannot be submitted to medical facilities.) If you wish to submit the sample to a facility other than your child's school, please follow the instructions on page 3 for students who are enrolled in schools outside of Yokosuka.

## 2. How to Fill Out the Test Consent Form

- Circle either “同意する[consent]” or “同意しない[do not consent]” on the “ヒロリ菌検査意向確認書[H. Pylori Test Consent Form]”
- If you circle “do not consent” on the consent form, your child will not be tested.
- If neither option is circled we will assume you consent to the test.

### How to Fill Out the H. Pylori Test Consent Form

【中2用】 横須賀市に住民登録のある方が対象です。  
For 2<sup>nd</sup> Year Middle School Students who are registered residents of Yokosuka.

学校 2年<sup>2nd</sup> year 組 class 番 No. \_\_\_\_\_

生徒氏名 name of student: \_\_\_\_\_

生年月日 date of birth (yyyy/mm/dd): 平成 年 月 日

保護者氏名 name of guardian: \_\_\_\_\_

電話番号 TEL: \_\_\_\_\_

ヒロリ菌検査意向確認 H. Pylori Test Consent Form

(学校検尿の尿でヒロリも検査します。)

ヒロリ菌検査に I consent to my child's school  
urine examination sample being tested for H. pylori

同意する ・ 同意しない  
CONSENT DO NOT CONSENT  
(いずれかに○をつけて下さい circle one)

※いずれにも○がない場合には、検査に同意したものとみなします。If neither option is circled we will assume you consent to the test.

※記入していただいた情報は、横須賀市健康管理支援課がヒロリ菌検査の実施及び結果通知について使用いたします。The above information will be used for the H. pylori test and sending test results.

If any information is left blank, we might not be able to send you the test result!

#### Write in ALL the information:

- Name of School
- Class
- Student Number
- Name of Student
- Date of Birth
- Name of Guardian
- Phone Number

Choose whether or not to give your consent: Circle either “同意する[consent]” or “同意しない[do not consent]”

### If You Have Your Period

If you collect a urine sample while you have your period this may result in a false negative result. You can also have testing done at a medical facility (including Health and Welfare Centers) instead of at school. If you need to have testing done on a different day because you have your period, please circle “同意しない[do not consent]” on the Test Consent Form and apply to another medical facility for your test (see page 3 for how to apply).

# Testing for Students Enrolled in Middle Schools or Special Education Schools *Outside of Yokosuka*

**The deadline to submit a sample for free testing is June 27, 2025**

Submissions after the deadline cannot be accepted for free testing

## Choose a Method

### Method 1. Collect a urine sample at a medical facility

- If the facility offers same-day testing, you can collect a urine sample at the medical facility.
- BOTH the student (who will collect the sample) and their guardian (who will fill out the form) must go together to the medical facility
- Tell the front desk that you have come for the city's H. pylori test for 2<sup>nd</sup> year middle school students.
- Please bring ID, such as a National Health Insurance Card, etc.

STEP 1

#### Choose a participating medical facility

- Choose a participating medical facility from the "Directory of Participating Medical Facilities," enclosed.

STEP 2

#### Contact the medical facility first, then collect the sample

- Contact the medical facility in advance.
- Go to the medical facility to collect the sample.
- The guardian will fill out the "一次検査申込[H. Pylori Application Form]."

STEP 3

#### Submit the Sample

- Submit the sample to the medical facility.
- Bring ID such as a National Health Insurance Card, etc.

### Method 2. Collect a urine sample at home, then submit to a participating medical facility or Health and Welfare Center

#### Step 1: Get Urine Sample Container and Test Form

- Have the urine sample container and form delivered to your home  
To apply, please call 046-822-4307 (Japanese only), scan the barcode to apply online (Japanese only),  
OR email [kenshin-hchp@city.yokosuka.kanagawa.jp](mailto:kenshin-hchp@city.yokosuka.kanagawa.jp)  
(English available, please allow time for response)
- Pick up the urine sample container and form yourself  
Please contact the participating medical facility before you go to pick up the container and "一次検査申込[H. Pylori Application Form]."



#### Step 2: Collect a Urine Sample

- Choose a participating medical facility and collect a urine sample the day you will submit it to the facility. Please contact the medical facility before you collect and submit the sample.
- Please refer to the "Directory of Participating Medical Facilities," enclosed, for a list of participating facilities and their hours of operation.

#### Step 3: Submit

- Once you have confirmed to which medical facility (from the "Directory of Participating Medical Facilities," enclosed) you will submit the urine sample, please submit **BOTH the urine sample AND the test form** ("一次検査申込[Application for H. pylori test]"). It's ok to have someone else submit the sample and form on your behalf.

◆ Please don't collect a urine sample while on your period.

◆ If you submit a urine sample past the deadline, the test will not be free.

## Test Results

The Health Management Support Division of Yokosuka City Hall will mail the test results to your home in a sealed envelope in late-July. You can only receive the test results if you submitted a form consenting for your child to be tested.

**If you did not fill out and submit either the "ピロリ菌検意向確認書 [H. Pylori Test Consent Form]" OR "一次検査申込 [H. Pylori Test Application Form]," the test results cannot be returned to you.**

If you submitted a form, but did not receive the test results in late-July, please contact the Health Management Support Division

Telephone: 046-822-4307 (Japanese only)

Email : [kenshin-hchp@city.yokosuka.kanagawa.jp](mailto:kenshin-hchp@city.yokosuka.kanagawa.jp) (English available, please allow time for response)

## Next Steps

- If the test result is negative (no H. pylori detected), there is no need for further testing.
- If the result is positive (H. pylori is detected), and if you wish for your child to receive treatment, they will be given a follow-up test to confirm the results. If the presence of H. pylori is confirmed, treatment to eliminate the infection will be provided. More information about the follow-up test will be sent with the test results.

## More Information

For more information about H. Pylori Infection Testing for 2<sup>nd</sup> Year Middle School Students, please scan the barcode to access the city webpage (Japanese only).



You can also email the Health Management Support Division in English; please allow time for response, details below.

City of Yokosuka webpage  
(Japanese only)

### Inquiries:

Health Management Support Division, City of Yokosuka

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