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| **MEDICAL HISTORY** |

**(Self-Declaration)**

**1. Present Medical Status**

(a) Have you taken any medicine or had a medical checkup by a physician for your illness such as diabetes, hypertension, asthma, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Name of illness ( ), Name of medicine ( ) |
| *If yes, please attach your doctor's letter (preferably, written in English) that describes the current status of your illness, and gives agreement to your participation in the program.* |

(b) Do you have any allergies with medicine, food, pollen, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  What are you allergic to? What kind of allergic symptoms do you have such as itch, rash, hives, etc.?  ( ) |

(c) Please indicate any needs arising from disabilities that may require additional support or facilities.

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| ( )  *Note: Disability will not lead to exclusion of the Applicant from the program. However, the Applicant may be directly inquired by the JICA official in charge for a more detailed account of his/her condition.* |

**2. Medical History**

(a) Have you had any illness such as heart, hepatic, kidney disease, etc.?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(c) Have you ever had any sleeping, eating or other disorders?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( )  Name of medicine taken if any ( ) |

Please indicate history of all illnesses you have had.

**3. Tuberculosis Screening**

(a) Do you have any history of previous TB?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(b) Has anyone in your household been diagnosed with TB in the last 2 years?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(c) Do you have any history of recent contact with a case of active pulmonary TB(shared the same enclosed airspace or household or other enclosed environments

for a prolonged period for days or weeks)?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(d) Do you have any history of or are you currently immune compromised (HIV infected, chronic renal failure, malignant tumors, etc.)? Do you have any history of using immunosuppressant (steroids, anti-cancer drugs, rheumatic drugs, etc.)?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Please specify ( ) |

(e) Have you (or your household) had any of the following symptoms in the last three months?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  [ ] Cough  [ ] Sputum expectoration  [ ] Hemoptysis  [ ] Night sweats  [ ] Weight loss  [ ] Fever |

**4．Vaccination history**

・MMRV (Measles, Mumps. Rubella, Zoster)……□ Time(s) ( )

・MMR (Measles, Mumps. Rubella)……□ Time(s) ( )

・MR (Measles, Rubella)……□ Time(s) ( )

・M (Measles)……□ Time(s) ( )

・Mumps……□ Time(s) ( )

・Hepatitis B……□ Time(s) ( )

・Chicken pox……□ Time(s) ( )

・Meningitis……□ Time(s) ( )

・Polio……□ Time(s) ( )

・Diphtheria Pertussis Tetanus combined……□ Time(s) ( )

**5. Other Conditions/Medical Issues**

Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes:  Weeks of pregnancy ( weeks) |

If you have any medical issues/conditions that are not described above, please indicate below.

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I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

|  |  |
| --- | --- |
| Date |  |
| Name and Title/Position |  |
| Signature |  |

**※Please notify JICA staff upon any changes in your health condition after submission of the form.**