CONFIDENTIAL

Annex. 3 Medical History

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,

	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.?

	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.

NOTES: 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.?

	please specify	

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

	please specify	

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

	please specify	
	Name of medicine taken if any	

d) Please indicate history of all illnesses you have had.

3. Tuberculosis Screening

a) Do you have any history of previous TB?

	please specify	

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

	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)

	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.)?

	please specify	

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

	Symptom type	Please specify ( ) [ ] 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? Noted: Answer does not affect the selection of candidates.

	Weeks of pregnancy	Month	Expected date of delivery	

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

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.