

様式 2 (Form 2)

APPLICANT'S SELF-ASSESSMENT MEDICAL REPORT

健康状況自己報告書

Please fill out the reference data below and return it with your application.
Your application cannot be processed without this form.
(下記の事項を記入の上、応募用紙に添付してください)

Name: _____		
First Name	Family Name	Middle Name

1 When and for what reason did you last consult a physician?
(最近病院に行った日とその原因)

2 What diseases, ailments or injuries have you had in the past 5 years?
(過去5年にかかった病気等)

3 Have you been hospitalized in the past 2 years? Why?
(過去2年間の入院や通院等)

4 Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional, or nervous disorder?
(精神科医や精神分析学者、心理学者等による被検査経験)

Yes(explain on a separate sheet) No

5 What allergies do you have, if any? (アレルギーの有無)
Are you currently being treated? (最近の治療状況)

6 If you are currently on any prescription medication, give details.
(現在、服用している薬)

The answers I have given are correct to the best of my knowledge.
(以上、相違ございません。)

Signature: _____ Date: _____
(氏名)