|  |  |  |
| --- | --- | --- |
| Surname: | Given(s): | Home Country: |

**Medical History: Please circle YES or NO corresponding to the medical conditions listed below, YES if you have had the condition and NO if you have no history of the condition.**

※For ”Current Condition,” indicate “undergoing treatment,” “resolved (cured),” “aftereffects,” etc.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Condition** | **History** | **Period (ages)** | **Current** | **Condition** | **History** | **Period** | **Current** |
| Heart disease | YES　・　NO | ～ |  | Diabetes | YES　・　NO | ～ |  |
| Hypertension | YES　・　NO | ～ |  | Ulcer | YES　・　NO | ～ |  |
| Hypotension | YES　・　NO | ～ |  | Tuberculosis | YES　・　NO | ～ |  |
| Kidney disease | YES　・　NO | ～ |  | Anemia | YES　・　NO | ～ |  |
| Liver disease | YES　・　NO | ～ |  | PMS/Menstral cramping | YES　・　NO | ～ |  |
| Wpilepsy | YES　・　NO | ～ |  | Mental illness | YES　・　NO | ～ |  |
| Hyperventilation | YES　・　NO | ～ |  | Somatoform disorder | YES　・　NO | ～ |  |
| Asthma | YES　・　NO | ～ |  | Other | YES　・　NO | ～ |  |
| Eczema | YES　・　NO | ～ |  |
| List all known allergies or sensitivities (Food, drug, animal, plant, etc.): |

**Current Sate of Health**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Circle any current symptoms

|  |  |
| --- | --- |
| 1. Headache/migraine | 7. Tire easily |
| 2. Palpitations/Shortness of breath | 8. Lack of appetite |
| 3. Stiff shoulders | 9. Anxiety/unease |
| 4. Constipation | 10. Easily melancholy |
| 5. Lumbar pain | 11. Trouble rising (AM) |
| 6. Irregular Menstruation | 12. Social anxieties |

 | **Family medical history （List family illnesses/diseases below）**

|  |  |
| --- | --- |
| Father | Mother |
| Brothers | Sisters |
| Grandfather | Grandmother |

 |

**About Lifestyle**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of meals per day | 1～2 | 3 | Other （ 　　　　　　　　　　 ） |
| Breakfast habits | Eat breakfast regularly | Sometimes eat breakfast | Do not eat breakfast |
| Smoking | Daily （\_\_\_\_\_\_\_ per day） | Sometimes（\_\_\_\_\_\_\_\_\_\_ average ） | Non-smoker |
| Alcohol | Daily （Type:　　　　　　　　）（Amount:　　　　　　　　 ） | Sometimes （Type:　　　　　　　　）（Amount:　　　　　　　　 ） | Non-drinker |
| Sleep | Less than 4 hours nightly | 4-6 hours | 6-8 hours | More than 8 h ours |
| Living arrangement | 1. Apartment (private) | 2. Dormitory | 3. Shared house | 4. Other ( ) |
| Share any health concerns or other anxieties you have upon beginning your study in Japan below (Free answer): |

※The information you provide will remain confidential. Your answers assist us in protecting your health while in Japan.