|  |  |  |
| --- | --- | --- |
| 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/Menstrual cramping | YES　・　NO | ～ |  |
| Epilepsy | 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 State 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.