Medical Check Sheet

Your name			Male
			Female

1. Complete all the boxes from a. to k., **please tick with V mark** in the appropriate answer box and parenthesis.

	Yes	No	Condition
a.			( ) Asthma, ( ) emphysema, ( ) or other lung conditions
b.			( ) Tuberculosis, ( ) or live with anyone who has tuberculosis
c.			( ) High blood pressure (*1), ( ) heart disease, ( ) irregular heartbeat
d.			( ) Stomach ulcer, ( ) hepatitis, ( ) inflammation of the gallbladder, ( ) gallstones, pancreatitis
e.			( ) Kidney trouble, ( ) bladder trouble, ( ) stones in urine, ( ) blood in urine
f.			( ) Diabetes (*2), ( ) gout
g.			( ) Depression, ( ) neurosis
h.			( ) Tumor, ( ) malignant tumor, ( ) cancer
i.			( ) Bleeding disorder, ( ) blood disease
j.			( ) Lumbago
k.			( ) Cataract, ( ) glaucoma

2. **Please tick with V mark** in the appropriate answer box and give details.

	Medical History	Yes	No	Details (diagnostic data if needed)
a.	Have you had any significant or serious illness or injury? (If hospitalized or had operation, give places & dates.)			
b.	Do you currently use any drugs for treatment of a medical condition? (Give name & dosage.)			*1 (High mmHg / Low mmHg) *2 (HbA1C: , FBS:)
c.	Are you seriously allergic to foods, medicine, substances or others?			

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

Your Signature _____ Date: Day ____ / Month ____ /Year ____

※ If you answered [Yes] to any one of the items listed above in 1 or 2, please see a doctor for an up-to-date medical examination.

(For doctor use)

In response to the claim of the individual whose signature appears above, you are requested to provide us with your observations in the following two sections.

I. Please write the results of the medical examination with diagnostic data.

II. Please select the most appropriate one from below and **circle it**, concerning the physical condition of the trainee.

a. There is no problem with the trainee traveling overseas and participating in a training program in Japan.
b. If the trainee takes the appropriate drugs, there is no problem with the trainee neither traveling overseas nor participating in a training program in Japan.
c. There is a problem with the trainee traveling overseas and participating in a training program in Japan under his/her current physical condition.

Name of hospital: _____ Date of diagnosis: _____

Address: _____

Name of the doctor: _____ Doctor's Signature: _____