

Medical Information Form (Please mark appropriate boxes, and give information as requested.)

Family Name _____

Given Names _____

1. Are you in good health?

No

Yes

If you marked 'No', please specify.

2. Do you now have any medical condition which might require treatment in Japan?

Yes

No

If you marked 'Yes,' please specify.

3. Are you currently taking any medication (prescriptions, contraceptives, allergy medication, etc.)?

Yes

No

If you marked 'Yes,' please list the medications.

4. Please describe any medical (or other) condition which may affect your studies at NUFS (or of which NUFS should be aware).

Date _____

Signed _____