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| isi2 | **Declaration on Health Status** |
| **ISI Japanese Language School Education Center***9F Sunshine 60 Bldg. 3-1-1 Higashi Ikebukuro, Toshima-ku, Tokyo, 170-6009 Japan**TEL : +81-3-5960-1335 　FAX : +81-3-5960-1336 E-mail:info@isi-global.com URL: www.isi-education.com* |

Please use this declaration form to provide information regarding your current health status.

To lead healthy lives for all students, it is important for faculty members to be aware of your health condition. Please fill in the following sections in detail.

Please acknowledge that we do not provide medical practice or dispense medication at school. This declaration will be kept confidential.

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| 1. How is your current health condition?

Please select from the following options. 　 | [ ]  Very good [ ]  Normal [ ]  Not good　 　　[ ]  Bad |
| 1. Are you currently undergoing treatment for any health issues?
 | [ ]  No[ ]  Yes | From YYYY/ MM/ 　 Name of disease（　　　　　　　　　　　　　　　 　 　） |
| 1. Are you currently taking any medications? \*Includes over-the-counter medications
 | [ ]  No[ ]  Yes | Time of prescription　　　YYYY/ MM/ Medicine：[ ] 　Tranquilizer　[ ] 　Sleeping tablets[ ]  Antiepileptic drugs 　　　[ ]  Asthma medications [ ]  Others:（　　 　　 　 　） |
| 1. Have you had any surgeries or been hospitalized in the past five years?
 | [ ]  No[ ]  Yes | Time in hospital　　 　YYYY/ MM/ 　Reason（　　　　　　　　　　　　　　　　　　　　　　　　 　　） |
| 1. Do you have a past history of diseases or any chronic diseases?

If so, please select from the following options, and fill out the checked sections in detail. |
| 1. Tuberculosis infection
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current status[ ] 　Recovered　　　　　[ ] 　Taking medicine |
| 1. Mental disorder
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | [ ]  Depression [ ]  Anxiety [ ]  Panic disorder [ ]  Insomnia [ ]  Attention deficit hyperactivity disorder（ADHD) [ ]  Other ( ) |
| 1. Allergies

including asthma  | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | [ ]  Food [ ] Medicine [ ]  Chemical products[ ]  Other（　　　　　　　　　　 　　　　 　　　　　　 ） |
| 1. Malaria, or other　infectious diseases
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Name： |
| 1. Diabetes
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current situation[ ] 　Taking medication　　[ ] 　 Insulin self-injection. |
| 1. Epileptic or convulsive seizures
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  |  |
| 1. Other
 | [ ]  No[ ]  Yes | Onset　YYYY/ MM/  | Current Status [ ]  Recovered [ ]  Taking medicine |
| 1. Do you have any vaccination history?
 | [ ]  BCG [ ]  M.M.R. [ ]  Polio [ ]  Measles [ ]  Rubella [ ]  Diphtheria　　[ ]  Tetanus [ ]  Meningitis　 [ ]  Other（　　　 　　　　　　 ） |
| 1. Special needs for dietary treatment or diet restriction
 | [ ]  No [ ]  Yes | From　 　YYYY/ MM/ Details （　　　　　　　　　　　　　　 　　　 ）　Reason（　　　　　　　　　　　　　　 　　 ）　 |
| 1. Please, write any other information regarding your health condition that the school should know in advance.
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**I declare that the above is true and correct and that I have understood the school’s refund and cancellation policy.**

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| **Applicant’s signature:** |  |  | **Date:** | **YYYY/ MM/ DD/**  |