|  |  |
| --- | --- |
| 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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. | | | | | |

**I declare that the above is true and correct and that I have understood the school’s refund and cancellation policy.**

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