Knowledge Co-Creation Program under Technical Cooperation with the Government of Japan

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| **MEDICAL HISTORY** |

1. Present Medical Status

(a) Do you currently use any medicine or have regular medical checkup by a physician for your illness?

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| [ ] No | [ ] Yes: Name of illness ( ), Name of medicine ( ) |
| *If yes, please attach your doctor's letter (preferably, written in English) that describes current status of your illness and agreement to join the program.* |

(b) Are you pregnant?

|  |  |
| --- | --- |
| [ ] No | [ ] Yes: Months of pregnancy ( months) |

(c) Are you allergic to any medication or food?

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| --- | --- |
| [ ] No | [ ] Yes: What are you allergic to? ( ) |

(d) Please indicate any needs arising from disabilities that might necessitate additional support or facilities.

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| ( )  *Note: Disability does not lead to exclusion of persons with disability from the program. However, upon the situation, you may be directly inquired by the JICA official in charge for a more detailed account of your condition.* |

2. Past Medical History

(a) Have you had any significant or serious illness?

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| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

(b) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?

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| --- | --- |
| [ ] No | [ ] Yes: Please specify ( ) |

3. Other Medical Problems

If you have any medical problems that are not described above, please indicate below.

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

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by JICA and may result in termination of the program.

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| Date | Signature |
| Print Name |