

3. Other Medical Issues/Conditions

If you have any medical issues/conditions that are not described above, please indicate below.

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* Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes: Weeks of pregnancy (weeks)
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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.

I understand and accept that this questionnaire will be checked for my health care by the people who are engaged in the program during my stay in Japan.

By Applicant

Date Name and Title/Position Signature
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※Please notify JICA staff upon any changes in your health condition after submission of the form.