Japan International Cooperation Agency

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Application form for the JICA Knowledge Co-Creation Program

MEDICAL QUESTIONNAIRE **STATUS AND** ON Form4. **RESTRICTION**

(Self-Declaration)			
(a) Have	nt Medical Status you taken any medicine or had a medical checkup by a physician for you dispete, hypertension, asthma, etc.?	our illness	
[] No	[] Yes:		
	Name of illness (), Name of medicine ()	
	If yes, please attach your doctor's letter (preferably, written in describes the current status of your illness, and gives agreer participation in the program.	• ,	
(b) Do yo	ou have any allergies with medicine, food, pollen, etc.?		
[] No			
	What are you allergic to? What kind of allergic symptoms do you have such as it		
	rash, hives, etc.?		
)	
(c) Please indicate any needs arising from disabilities that may require additional support or facilities.			
	pility will not lead to exclusion of the Applicant from the program. However, the A uired by the JICA official in charge for a more detailed account of his/her condition.) pplicant may be	
2. Medica	al History		
(a) Have	you had any illness such as heart, hepatic, kidney disease, etc.?		
[] No	[] Yes:		
	Please specify ()	
(b) Have you or/and your family members had tuberculosis?			
[] No	[] Yes:		
	Please specify ()	
(c) Have you ever been a patient in a mental clinic or been treated by a psychiatrist?			
[] No	[] Yes:		
	Please specify ()	
(d) Have	you ever had any sleeping, eating or other disorders?		
[] No	[] Yes:		
- -	Please specify ()	
	Name of medicine taken if any ()	



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3. Other Medical Issues/Conditions

<u>X Please notify JICA staff upon any changes in your health condition after submission of the form.</u>

Signature