

## Apper 3 Medical History

| ent Medical Status   | neckup by a physician for your illness such as diabetes, hyperter  |  |
|--|--|--|
| Name of timess   | 1  |  |
| teame of medicine  |  | - 1  |
| on please attach your doctor's letter (preferably,   | written in English) that describes the current status of your illnes   | s, and gives agreement to  |
| ur participation in the program  |  |  |
| Do you have any allergies with medicine, food, p   | ollen, etc.?   | L s  |
| What are you assign to retain and as   |  |  |
| Ach, rash, hives, etc.?  | divined expend or facilities   |  |
| Please indicate any needs arising from disabilities  | s that may require additional support of research  |  |
|  |  |  |
|  | Mayor the Applicant may be dire  | ctly inquired by the JICA  |
| OTES: Disability will not lead to exclusion of the<br>official in charge for a more detailed account of his  | Applicant from the program. However, the Applicant may be dire<br>wher condition.  |  |
|  |  |  |
| edical History  a) Have you had any illness such as heart, hepat   | c, kidney disease, etc.?   | The state of the   |
| please specify   | the same and the same and the same   | 100  |
| b) Have you ever been a patient in a mental clinic   | or been treated by a psychiatrist?   |  |
| please specify   |  | 17 - 17 - 3 to 20 1  |
| TORREST OF CALLEST   |  |  |
| c) Have you ever had any sleeping, eating or oth   | er disorders?  | E DY STEEDY  |
| phose specify  | 10 Control Con | 1.5. 1.5. 1.5. 1.5.  |
| Name of medicine taken if any  |  | fulful intel a parental  |
| 年代。二年四十年5月1日 東京27日 日本  | h had  |  |
| d) Please indicate history of all illnesses you have   | neu .  |  |
|  |  | 1  |
|  |  |  |
|  |  |  |
| Fuberculosis Screening   |  |  |
| a) Do you have any history of previous TB?   |  | Company of the state of the sta |
| please specify   | The State of the S | OF R 11 44-11-44   |
| b) Has anyone in your household been diagno  | sed with TB in the last 2 years?   | ELL SECTION OF A PERSON OF   |
|  | <b>1</b>   | A PART AND   |
| please specify   |  | AND THE PROPERTY.  |
| CLEOPINGSHIPS CONTRACTOR CONTRACTOR  | 4 17 - to p. 1 31 to p. 1  |  |
| Do you have any history of recent contact w  | th a case of active pulmonary TB?  | ays or weeks)  |
| c) Do you have any history of recent contact w<br>(shared the same enclosed airspace or house  | th a case of active pulmonary TB?  told or other enclosed environments for a prolonged period for d  | ays or weeks)  |
| (shared the same enclosed airspace of nouse please specify   | The same of the sa | CAT TAI GUEST STANLES  |
| (shared the same enclosed airspace of riouse)  | Attiv inferted chronic renal failure, m  | CAT TAI GUEST STANLES  |
| (shared the same enclosed airspace of riouse)  | th a case of active pulmonary TB? sold or other enclosed environments for a prolonged period for d which is the prolonged period for d which is the prolonged period for d which is the pulmon of the  | CAT TAI GUEST STANLES  |
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