APPLICANT'S SELF-ASSESSMENT MEDICAL REPORT

For Employment with

THE CITY OF ICHIKAWA, CHIBA PREFECTURE, JAPAN

To the Applicants: Please fill out the reference data below and return it with your application. Your application cannot be processed without this form. Successful applicants are required to submit a separate medical report from their physician.

Full name: _____

(Last) (First) (Middle)

1. When and for what reason did you last consult a physician?

_____

2. What diseases, ailments, or injuries have you had in the past 5 years?

_____

3. Have you been hospitalized in the past 2 years? Why?

_____

4. Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional, or nervous disorder?

Yes (explain on separate sheet) / No

If 'Yes', you must submit a confidential report from the psychiatrist or therapist.

5. What allergies do you have, if any? Are you currently being treated?

_____

6. If you are currently on any prescription medication, give details.

_____

7. Are you on a restricted diet? If so, give details.

_____

The answers I have given are accurate to the best of my knowledge.

Signature:_____ Date:_____