



5. Have you ever been treated for any other illness or condition previously undisclosed on this Medical Report? If yes, you must detail below AND have your doctor fill out the Physician's Report.
  
6. Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis? If yes, please explain.
  
7. What allergies do you have, if any? Are you currently undergoing treatment?
  
8. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including medication's name, purpose and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 4 and/or 5, above.
  
9. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details.
  
10. Please explain any other health-related issues or disabilities. (ex. Legally blind, hearing impaired, confined to wheelchair, pending medical treatment etc.)

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

Signature:	Date:
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PLEASE RETURN THIS FORM TO:

Botschaft von Japan  
JET-desk  
Hiroshimastr. 6  
10785 Berlin

DEADLINE: 08. 01. 2011