



3. Have you ever suffered from any nervous or mental disorders? (including, but not limited to anxiety, depression, ADD, ADHD, eating disorders, etc.). If yes, you must provide details below AND have your doctor fill out the Statement of Physician. Please note that we may contact your doctor if further information is necessary.  
(過去に神経性または精神的疾患(例: 不安神経症, 鬱病, ADD, ADHD, 摂食障害等)にかかったことがあるか。もしあるなら, 詳細を明記し, 医師の報告書を添付すること。必要時には医師への問い合わせを行う旨をご了承ください。)
- anxiety (不安神経症)                       depression (鬱病)                       obsessive-compulsive disorder (脅迫神経症)  
 bipolar disorder (双極性障害)               ADD     ADHD  
 eating disorders (摂食障害)               PTSD     other (その他)( )
- Please, provide details below (詳細を記入)
4. 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.  
(数階分の階段の昇降による身体的問題が予測されるか。ある場合は詳細を説明すること。)
5. Do you have any allergies? If yes, are you currently undergoing treatment?  
(アレルギー症があるか。該当する場合に, 治療は受けているか。詳細を以下に明記すること。)
6. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., 3, above.  
(現在または過去5年間に薬物治療を受けている場合(ただし, 経口避妊薬を除く。), 薬品の名前, 目的, 服用頻度も含めてその詳細を記入すること。なお, 上記の設問1, 2a, 2b, 3で挙げた状況に対する処方箋についても明記ありたい。)
7. Are you colour blind or have any disabilities related to your eyesight or hearing? (Excluding the use of prescription glasses and contact lenses to correct vision) If yes, please provide details. If you have a driver's license, please describe whether it affects your ability to drive.  
(視覚障害, 色盲, 聴覚障害で該当するものがあるか。(眼鏡, コンタクトレンズの使用により矯正済みの場合を除く。)) 該当する場合は, 詳細を明記すること。運転免許保持者は, 運転に支障がないか記入すること。)
- legally blind (視覚障害)               colour blindness (色盲)               hearing impaired (聴覚障害)
- Please, provide details below (詳細を記入)
8. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical, religious, personal reasons, etc.).  
(現在食事制限を受けている場合, その詳細を記入すること。例: 疾病, 宗教的, 個人的な理由等)
- Foods:**
- Beef (牛肉)                       Chicken (鶏肉)                       Dairy Products (乳製品)               Eggs (卵)  
 Gluten (グルテン)               Tree Nuts (ナッツ類)               Peanuts (ピーナッツ)               Pork (豚肉)  
 Wheat (小麦)                       Shellfish (貝類・甲殻類)               Soy (大豆)  
 Finfish (魚類)                       Fruit (果実)                               Others (その他) ( )
- Reasons:**
- Allergies (アレルギー)               Other medical reasons (その他の疾病のため)  
 Religion (宗教的)                       Other (その他) ( )
9. Please explain any other health-related issues or disabilities below (e.g. confined to wheelchair, pending medical treatment, etc.).  
(その他の健康上の注意事項及び障害について以下に記入すること。例: 車いすの使用, 治療中の事項等)
10. Candidates who have tattoos and/or body piercings, please provide details of the tattoos, including location and size.  
(タトゥーやピアスがある場合, その詳細を記入)
- Tattoos (タトゥー)              Number (数)              Location (箇所)              Size (大きさ)  
 Body piercings (ピアス)              Number (数)              Location (箇所)              Size (大きさ)

The answers I have given are correct to the best of my knowledge.  
(申告書の記載事項のとおり相違ありません。)

Signature: (署名)	Date: (日付)
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