

MEDICAL HISTORY AND EXAMINATION

1. Present Status

(a) Do you currently use any drugs for the treatment of a medical condition? (Give name & dosage.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Name of Medication (_____), Quantity (_____)
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(b) Are you pregnant?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (_____ months)
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(c) Are you allergic to any medication or food?

<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> If yes, please write details.	<input type="checkbox"/> Medication	<input type="checkbox"/> Food	<input type="checkbox"/> Other:
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2. Medical History

(a) Have you had any significant or serious illness? (If hospitalized, give place & dates.)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Present Condition (_____)

(b) Have you ever been a patient in a mental hospital or been treated by a psychiatrist?

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Present Condition (_____)

(c) High blood pressure(高血压)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Present Condition (_____) mm/Hg to (_____) mm/Hg

(d) Diabetes (sugar in the urine)(糖尿病)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Present:	<input type="checkbox"/> No	(_____) Yes >>> Present Condition (_____)
		Are you taking any medicine or insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes

(e) Kidney Disease, bladder disease, stone in the urine(腎臟、膀胱疾患、尿路結石)

Past:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Name of illness (_____), Place & dates (_____)
Present:	<input type="checkbox"/> No	<input type="checkbox"/> Yes >>> Present Condition (_____)

(f) Stomach and Intestinal Disorder (腸)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(g) Liver Disease (ex. hepatitis A,B,C,E) (肝臓の病気、肝炎等)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(h) Heart Disease (心疾患)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(i) Gall bladder disease (胆のう)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(j) Tuberculosis (結核)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(k) Asthma, Emphysema or Other lung conditions (喘息、肺気腫、その他肺の病気)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(l) Thyroid Problem (甲状腺疾患)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(m) Acquired Immune Deficiency Syndrome (AIDS)

Present:	() No	() Yes>>>Present Condition ()
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(n) Tumor, abnormal grow, cyst or cancer(腫瘍、嚢胞、癌等)

Past:	() No	() Yes>>>Name of illness (), Place & dates ()
Present:	() No	() Yes>>>Present Condition ()

(o) Infectious Disease >>> Specify name of illness

()

(p) Other >>> Specify

()
()

(a)~(p) Has this disease been cured?

() Yes	() No (Specify name of illness)
	Present Condition: ()

3. Food restrictions due to health or religious reasons.

Please tick the box if you can **NOT** eat.

- BEEF
- PORK
- CHICKEN
- FISH (cooked)
- FISH (raw)
- EGG
- DAILY PRODUCTS
- Other ()

I certify that I have read the above instructions and answered all questions truthfully and completely to the best of my knowledge.

I understand and accept that medical conditions resulting from an undisclosed pre-existing condition may not be financially compensated by IDE and may result in termination of the program.

Date:	Signature:
	Print Name: