

# Medical History

Please note that this information may be shared with your host family once they have been selected.

**\*This is an editable PDF. Please type in your answers and attach your completed form in the JSP Application Form.**

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Full Name:

Have you been diagnosed, in the past or present, with any of the following?  
(Please check if applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Depression        | <input type="checkbox"/> Eating Disorder         |
| <input type="checkbox"/> Anxiety           | <input type="checkbox"/> ADD                     |
| <input type="checkbox"/> Bi-Polar Disorder | <input type="checkbox"/> Other (Please specify): |

If you checked any of the above, please list all medications, treatment and care required while in Japan.

Please list all other medications you are currently taking (this includes contraceptives as well as any herbal/homeopathic medicines).

Do you have any physical health needs that we should be aware of? Examples: Diabetes, Mobility (wheel chair, walking aids)

How do you plan on refilling your prescription while in Japan? **IMPORTANT:** Contact your Japanese consulate to ensure this medication is legal in Japan.

Have you ever attended alcohol or drug counseling/treatment? Please explain.

Have you ever been hospitalized? For what? How long?

Is there anything else we should know?

Have you been fully vaccinated for COVID-19?

Vaccine Brand Name:

Yes.

Pfizer

Other:

No.

Moderna

Astrazeneca