

# Medical History Disclosure Form

I hereby agree to disclose current health condition and medical history for the past five (5) years in accordance with job application.

※Circle「Yes / No」for each item.

Medical History ( Past 5 years )		
( 1 )	Epilepsy or any other condition that cause seizure	Yes / No
( 2 )	Fainting or any disorders of consciousness	Yes / No
( 3 )	Irregularities during sputum and chest X-ray exam	Yes / No
( 4 )	Lung disease	Yes / No
( 5 )	Diabetes	Yes / No
( 6 )	Mental or nervous system disease	Yes / No
( 7 )	Frequent user of sleeping pills or other medical supplies	Yes / No
( 8 )	Addiction to drugs or alcohol	Yes / No
( 9 )	Disabilities caused by external injuries	Yes / No
( 1 0 )	Currently pregnant	Yes / No
( 1 1 )	Polycythemia or heavy user of tobacco	Yes / No
( 1 2 )	Heart disease	Yes / No
( 1 3 )	HIV, Hepatitis or other serious infectious disease carrier or suspected to be infected	Yes / No
( 1 4 )	Refused treatment of serious disease regardless of symptoms or visible medical sign	Yes / No
( 1 5 )	All of the above	Yes / No
	However, complete recovery can be proven through health certificate.(*1)	Yes / No

\*1 : Health certificate or other equivalent document that prove complete recovery.

Date (DD/MM/YYYY)

Name

Seal (if available)

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