

Kyoto Institute of Technology

**HEALTH QUESTIONNAIRE**

Please note that your responses are confidential and will not affect our admission decision in any way. (This information is collected and filed with your admission application but is not examined until your admission is finalized.)

## 1. Clinical history:

Circle the diseases below which you have contracted and where applicable, fill in the approximate age you were when diagnosed.

- |                                       |                               |
|---------------------------------------|-------------------------------|
| a. Tuberculosis (結核性疾患)               | Age: (                      ) |
| b. Malaria (マラリア)                     | Age: (                      ) |
| c. Other infectious disease (その他の感染症) | Age: (                      ) |
| d. Epilepsy (てんかん)                    | Age: (                      ) |
| e. Psychosis (精神疾患)                   | Age: (                      ) |
| f. Kidney disease (腎疾患)               | Age: (                      ) |
| g. Heart disease (心疾患)                | Age: (                      ) |
| h. Lung disease (肺疾患)                 | Age: (                      ) |
| i. Gastrointestinal disease (消化器疾患)   | Age: (                      ) |
| j. Thyroid disease (甲状腺疾患)            | Age: (                      ) |
| k. Collagen disease (膠原病)             | Age: (                      ) |
| l. Diabetes mellitus (糖尿病)            | Age: (                      ) |
| m. Drug allergy (薬剤アレルギー)             | Age: (                      ) |
| n. Asthma (気管支喘息)                     | Age: (                      ) |
| o. Other (                      )     | Age: (                      ) |

Please give the details (duration, severity, treatment, etc.) of any illness, injury or operation you have had over the past three years.

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2. Present status:

Are you presently being treated for any medical condition?

No / Yes → Conditions (explain): ( )

Do you have any physical disabilities?

No / Yes → Conditions (explain): ( )

Do you smoke?

No / Yes

If you have concerns about your health, please explain below.

3. I agree to provide KIT with the personal information described in this questionnaire.

Please check here.

4. Personal information

Name: Shakira Anne Nakata

Sex: M  F

Date of birth: October 23, 1997

Nationality: USA