

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: 2000 / 10 / 23 Nationality: USA

Period of stay at KIT: From 2026 / 10 / 23 ~ To 2026 / 12 / 23