



**II. HEALTH ASSESSMENT**

<b>Name</b>					
<b>Blood Type</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> O	<input type="checkbox"/> AB	<input type="checkbox"/> Rh+ <input type="checkbox"/> Rh-
<b>Do you have any disease or problem in your present health condition that should be reported to the Japan Foundation such as a chronic disease, a disease or injury under treatment, pregnancy, or any kind of mental or physical disorder?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>If yes, please list them and describe exactly your present condition. And please attach a certificate issued by a physician to prove that you are physically able to participate in the study-tour program.</b>					
<b>If you have any allergies, please describe in detail what you are allergic to.</b>					
<b>In your opinion, how is your present health and physical condition?</b>					
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
<b>Are you physically able to go abroad to participate in a study-program?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

I hereby inform you of my health condition as described above. I have answered the questions with complete honesty to the best of my knowledge.

\_\_\_\_\_  
DATE (Month/Day/Year)

\_\_\_\_\_  
SIGNATURE

### III. REASONS

Please write down the reasons for applying for this study-tour program and explain how it would benefit you and what you expect of it.

Please list your academic and professional backgrounds that prove you to be eligible to participate in this program. (e.g., experiences in teaching, Japan-linked or internationally-oriented activities, and other activities that relate to the program objective.)

Please write a clear and detailed description of your post-program activity plan to share your experiences in Japan with students, colleagues, and community, and indicate the time-frame for it. (e.g., developing teaching materials, workshops or lectures on Japanese culture, a website about the experience in Japan, etc.)

### IV. QUESTIONNAIRE FOR HOME STAY

**Please list any activity that you would like to do or any place that you would like to visit while staying with your Japanese host family.**

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**If you have any food restrictions, please check the box(es) below of foods that you cannot eat.**

<input type="checkbox"/> Pork	<input type="checkbox"/> Beef	<input type="checkbox"/> Chicken	<input type="checkbox"/> Raw fish	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Crab	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Egg	<input type="checkbox"/> Milk	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Others (please be specific: _____ )			

**What is (are) your favorite dish(es) ?**

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**If you object to staying at homes with pets, please check those you do NOT wish to stay with:**

<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Bird	<input type="checkbox"/> Others (please be specific: _____ )
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**Do you smoke cigarettes?**

Yes

No

**Message to you host family:**

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By my signature,

I hereby certify that the information given in this application is complete and accurate to the best of my knowledge.

I agree to follow the Terms and Conditions to participate in the study-tour program.

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**DATE (Month/Day/Year)**

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**SIGNATURE**