PARTICIPANT'S DATA SHEET

Group Tours Program for Secondary School Educators 2005

Please attach a recent photo

*Please type or write in BLOCK LETTERS in English. This Data Sheet will be used only for the purpose of this program.

NAME	Family			First			Middle	
D / N	*Please wri	te down your	name exactly as	it appears in	your passpor	rt.		
Passport No.								
Date of Birth	Year		Month		Day			
Sex	Male Female		Nationality					
Home Address								
TEL								
FAX								
Email								
Present Occuj	pation							
Name of the Inst	itution				Position			
					Major			
Office Address								
TEL								
FAX								
Career			Institution				Duration	
Nearest Airport/ City								
*Please write the ne			ome when going	to Japan				
Previous stay in a If Yes ; Duratio		es No						
English-Languag Excellent	Good	Fair	Poor	None		<i>.</i> .		
*the common language dur	ng your stay in	Japan will be Er	nglish, and participan	ts are required to	have English lar	nguage proficiency		

SELF-ASSESSMENT OF HEALTH

*Please read carefully and retain the conditions attached before filling in this Self-Assessment of Health.

Name							
Blood Type							
A B O AB	(Rh+ Rh-)						
1. Do you have any disease or problem							
in your present							
health condition that should be	health condition						
reported to the							
Japan Foundation							
before travel to Japan such as:							
chronic disease,							
disease or injury							
under treatment, pregnancy, or any							
kind of mental or							
physical disorde							
Your Answer; Yes	s No						
If your answer is "Yes", then please describe concretely your present condition :							
2. Have you ever trav	Your Answer ; Yes No						
If your answer is "Yes", then please describe your most recent trip as an example below :							
Country	Duration						
3. Conclusion							
(1) In your opinion, how is your present health and physical condition?							
Your Answer : Good Fair Poor							
(2)Are you physically able to go abroad to participate in a study-tour program?							
Your Answer; Yes No							

I hereby inform you of my health condition as described above. There is no dishonest description in the contents of my report.

Signature????

Name:							No.1 /
Age:????years old		Sex:	Male	Female			
Nationality:????????	???????????????????????????????????????						
Language Proficiency	: Please circle.						
Japanese	Fluent	Good	Fair	Poor	None		
English	Fluent	Good	Fair	Poor	None		
Other(???????)	Fluent	Good	Fair	Poor	None		
Other(???????)	Fluent	Good	Fair	Poor	None		
If there are foods you	can't eat, please	circle.					
Pork	R	aw fish		Eg	g	Milk	
Beef		hicken				Alcohol	
What is(are) your fave	prite dish(es) ??						
Do you smoke cigaret	tes ??? Yes? N	0					
Do you smoke cigaret Do you have any aller		-					
		-					
Do you have any aller	gies ?? Yes?? N	0	cle.				
Do you have any aller If yes, to what ?	gies ?? Yes?? N	0					

Please write down your main interest during your stay in Japan.

Please write down your interests or activities.

*If you are a teacher, please describe your school.

Name of School :					
Status of School : Private Public	Other()			
Year of Foundation :					
Total Number of Teachers :					
Total Number of Students :					
Working Hours for Teachers per Week :					
Class hours per Teacher per Week :					

Brief Outline of Career taken by Students after Graduation

Conditions for Participation

(1) A chronic disease, a disease or injury under treatment, or a medical treatment for pregnancy are not covered by the Foundation's travel insurance policy during the study-tour program. Applicants who correspond to such cases mentioned above should be responsible for their medical treatment of any disease or condition originated from those disease or condition mentioned above, and in such case, they also have to pay all the expenses by themselves.

(2) As this program is a study-tour that requires all the participants to stay together as a group with a completely fixed schedule, if the applicants are not able to stay together in a group due to their health condition, they are requested not to participate in the tour.
(3) If any applicants have a health condition that is not covered by the Foundation's insurance policy and still want to participate in the study-tour, they are requested to have a physician's health check no later than one month prior to the travel. The expenses for the physician's health check should be paid by applicants themselves. For the health check, please use the Foundation's "Health Condition Certification" from. Ask the Foundation for the form through the applying Japan Foundation overseas offices or Japanese Embassy or Consulate General of Japan. The Foundation will permit those applicants to participate in the study-tour only when the physician confirms with the form that the applicants are in a health condition able to participate.

(4) During the study-tour program, the Foundation cannot meet all the requests of participants who have strict food restriction. The special food that cannot be prepared by the Foundation will have to be prepared by the participants themselves.

(5) In case some health-related problem should arise during the study-tour program due to a withholding of information on this self assessment sheet, the Foundation is not responsible for any of the participant's medical treatment nor payment for expenses.