[Form 2]

Health Condition Form

Country/Region: _____ NAME : _____

Please fill in the following questions.

1. Do you have any chronic illness which requires regular medication?
   Yes ☐ No ☐ If yes, please specify.

2. Do you have any allergies?
   Yes ☐ No ☐ If yes, please specify.

3. Do you have any preexisting disorders?
   Yes ☐ No ☐ If yes, please specify.

4. Do you have dietary restrictions, due to medical, religions or other reasons?
   Yes ☐ No ☐ If yes, please specify.

5. If there is (are) there any other concern(s) you would like to share with during the session, please specify.

Thank you very much.

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The Kamenori Foundation
http://www.kamenori.jp