



MITSUI TRAVEL
ABN 55 002 436 017

A Gateway to Japan

January 2012

**LABO STUDENT EXCHANGE
IN - JAPAN PROGRAMME
AUSTRALIA TO JAPAN
December 14th 2012 – January 6th 2-13**

PERSONAL INFORMATION FORM

Please print all information clearly

Student Contact Details

Family Name

First Name

Gender

Male

Female

Age

Date of Birth

Address

Suburb

State

Postcode

Telephone

Home

Mobile

Email

School

Family Members

Parents

First Name

Family Name

Age

Occupation

Father

Mother

Siblings

interests

Other

What are your hobbies and interest ?

Do you have any special requests ?

Do you have any pets ?

If Yes, what are they ?

Will you be able to host ?

Yes

No

Undecided

How many years have you studied Japanese language ?

**Signatures
(Invalid unless signed)**

**Parent / Guardian
Date**

**Student
Date**

Medical Information

Name

I hereby authorize the Labo International Exchange foundation or any person authorized by Labo, including my child's host parents and the local coordinator of this programme to make any decisions regarding medical or surgical care and emergency travel arrangements as needed for the well-being of my child. Furthermore, I authorize the release of any medical records regarding my child to Labo or any personal authorized by Labo.

Date

Signature of Parents / Guardian

Have you ever had any of the following ?

Date of Illness

Diphtheria	Yes	No
Polio	Yes	No
Scarlet Fever	Yes	No
Typhus	Yes	No
German Measles / Rubella	Yes	No
Measles	Yes	No
Whooping Cough	Yes	No
Chicken Pox	Yes	No
Mumps	Yes	No
Tuberculosis	Yes	No
Hepatitis A	Yes	No
Hepatitis B	Yes	No

Do you have any of the following ?

Condition

Asthma	Yes	No
Diabetes	Yes	No
Heart Trouble	Yes	No
Lung Trouble	Yes	No
Fainting Spells	Yes	No
Convulsions / Seizure	Yes	No
Epilepsy	Yes	No
Any other	Yes	No

Do you have any reaction or allergies to drugs or non-drug items ?

Yes No If yes, please explain

Please list any physical activities that you are restricted from doing.

If you are carrying medicine, please fill in the following.

Name of Medicine	For what illness symptoms	Dosage and times taken
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To My Host Family

Please include photographs and a short message to your host family. Please Print.