Attached Form 12-2 (Related to Articles 18-2-2 and 29-2)

Questionnaire		
Please respond to the following items by entering a tick in the appropriate box.		
1 Have you experienced loss of consciousness due to an illness (incl. symptoms associated with the treatment of illness) or reasons unknown within the past five years?	□Yes	□No
2 Have you experienced a temporary inability to move the body or a part of the body freely due to an illness within the past five years?	□Yes	□No
3 Have you fallen asleep during the day, during activity, on three or more occasions within a one-week period, despite taking adequate time for sleep, within the past five years?	□Yes	□No
 4 Has either of the following applied to you within the past year? Prolonged periods of three days or more with alcohol in the system, on three or more occasions, due to repeated drinking sessions. Ingested alcohol on three or more occasions despite advice from a doctor to stop drinking in the interests of treating an illness. 	□Yes	□No
5 Have you been advised by a doctor to refrain from acquiring a driver's license or from driving due to an illness?	□Yes	□No
For the attention of Okayama Prefectural Public Safety Commission. Year My answers are given as above. Respondent's signature	Month	Day
(Points for your attention) 1 Answering "Yes" to any of the questions will not result in the immediate rejection or suspension of a driver's license application, nor will it result in the revoking or suspension of a license that has already been issued. (Please answer accurately as doctors' diagnoses will be referenced in the determination of your suitability for a driver's license.) 2 A person submitting a questionnaire with false entries will face imprisonment with work for a period not exceeding one year or a fine not exceeding \(\frac{\pma}{3}\)00,000. 3 Procedures cannot proceed without the submission of this document.		

Remarks: The size of the form must be JIS A4.