

# Statement of Physician

Explanation of items as indicated by patient on Self-Assessment Medical Report

## To the Examining Physician:

This patient is an applicant for the JET Programme and must submit this form concerning his or her health as indicated on his or her Self-Assessment Medical Report. Participants of this programme undertake year-long contracts and work in schools and public offices in Japan as Assistant Language Teachers (ALTs), Coordinators for International Relations (CIRs) or Sports Exchange Advisors (SEAs). For more information, please visit <http://www.jetprogramme.org/>

Based on your current examination and knowledge of this patient's medical history, *please describe his or her medical condition and whether you think he or she is physically and mentally fit to work in Japan for one year as a JET Programme participant.*

### Duties of an ALT

*Placed in local boards of education or primary, junior and senior high schools and assist in the following:*

1. Classes taught by Japanese foreign language teachers;
2. Preparing materials for language teaching;
3. Training Japanese foreign language teachers;
4. Extracurricular activities;
5. Advising other teachers with foreign language-related information (e.g. word usage, pronunciation); and
6. Local international exchange activities in the school and community

### Duties of a CIR

*Placed in local public offices or international exchange organisations and assist in the following:*

1. International projects, such as editing, translating, making brochures, planning, designing and implementing international exchange activities, hosting official guests from abroad, interpreting, etc.;
2. Language instruction of other public employees and local residents;
3. Participating in local private groups or organisations engaging in international exchange; and
4. Cross-cultural awareness exchange activities for community members (such as school visits) and supporting other local foreign nationals in the community

### Duties of a SEA

*Placed in local authorities engaged in sports and assist in the following:*

1. Projects related to sports activities carried out by Contracting Organizations. Such activities may include advising on planning, designing and implementing sports projects;
2. Sports training of promising local athletes;
3. Sports training of Contracting Organization's employees and local residents; and
4. Participation in sports activity planning conducted by local private groups or organizations that engage in sporting events

(To be completed and signed by examining physician. Physician must not be a relative of applicant.)

Applicant's name: \_\_\_\_\_

### Medical Details and Explanation:

**Do you foresee the need for this applicant to take medication from 2014 through 2015 while participating on the JET Programme? If yes, please list medications and give details if not listed above.**

☐ **YES** (Name of Medication: \_\_\_\_\_/Already Listed Above) ☐ **NO**

*Note: Japanese law may prohibit importation of certain medications (such as amphetamines and other stimulants). In this case, the applicant may need to use an alternative medication. Additionally, it may be necessary for the applicant to complete medical import forms for importation of certain medication.*

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Name in Print: \_\_\_\_\_

Office/ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_