

## STATEMENT OF PHYSICIAN

Explanation of items as indicated by patient

**To the Examining Physician (PLEASE READ THOROUGHLY)**

This individual is an applicant to the Japan Exchange and Teaching (JET) Programme and must submit this form concerning his or her health as indicated on his or her Self-Report of Medical Condition(s). The applicant, if chosen, may be offered a year-long contract to work in Japan as a:

- **Assistant Language Teacher (ALTs)** work for local boards of education to assist in foreign language instruction at primary, junior and senior high schools.
- **Coordinator for International Relations (CIRs)** work in local public offices or international exchange organisations handling international projects, exchange programmes, interpretation, etc.
- **Sports Exchange Advisor (SEAs)** work in local boards of education to assist with sports and physical education in schools and the local community.

While the JET Programme is an invaluable experience and a time of personal and professional development for participants, it is important for candidates and their physicians to understand that the JET Programme can be both *emotionally* and *physically* demanding. Participants must adapt to working and living in a different culture and may be placed in rural areas *with limited access to mental and or physical health care services* in their native language(s). **If a candidate is experiencing current medical difficulties, physical or psychological, or has only recently recovered from such difficulties, the adjustment demands of the JET Programme can severely exacerbate the participant's conditions or be cause for a relapse.** Information provided in this form will not only be used to determine eligibility, but may also be used to assign working places to applicants, so it is essential to have accurate information so as to better meet any special requirements applicants may have.

**Applicant's Name:**

**Name of Medical Condition** is to be filled in by the applicant (from Self-Report of Medical Condition(s) 1, 2a, 2b, 3 etc.)  
Please note **ANY missing medical history may postpone or even PREVENT participation.**

**All other medical details** should be completed by the examining physician. Physician must not be a relative of the applicant.  
Please write legibly, use generic nomenclature for all listed medicines, and refrain from using doctor's shorthand.

Filled out by APPLICANT	Filled out by PHYSICIAN			
Medical Condition	Details and Explanation:	Prescribed Medicines	Amount/ Frequency and period taken	Regular Check-Ups (frequency)

To be completed and signed by the examining physician.

**Are there any additional medical conditions not listed above or special consideration to be noted regarding this applicant's participation on the JET Programme?**

In view of the applicant's current medicine regimen, medical history, and the above information, is it your observation that this patient's health status is adequate to go abroad to participate on the JET Programme for one year?

 **YES**
 **NO**

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_  
 Physician's Name in Print: \_\_\_\_\_  
 Office/Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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. It may be necessary for the applicant to submit medical import forms for certain medication.