

THE 2018 JAPAN EXCHANGE AND TEACHING (JET) PROGRAM

STATEMENT OF PHYSICIAN

Explanation of items as indicated by patient on the Self-Report of Medical Condition(s)

To the Examining Physician (PLEASE READ THOROUGHLY)

This individual is an applicant to the Japan Exchange and Teaching (JET) Program 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 schools and in public offices in Japan as an Assistant Language Teacher (ALT) or Coordinator for International Relations (CIR).

While the JET Program 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 by its nature, the JET Program can also be both **emotionally** and **physically** demanding. Participants must adapt to working in and immersion in a different culture and linguistic environment, and may be situated in rural areas **with limited access to mental and or physical health care services** in their native language(s). This can often involve **emotional** and or **physical** stress during the adaptation period which varies from person to person. **If a candidate is experiencing current medical, emotional, psychological, or family difficulties or has only recently recovered from such difficulties, the adjustment demands of the JET Program can severely exacerbate such difficulties or even be cause for a relapse.** For this reason, a thorough and accurate profile of each applicant's health status and medical history is required. 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 complete and accurate information to determine employers and location of work so as to better meet any special requirements applicants may have.**

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 Program participant.

Assistant Language Teacher (ALT)

ALTs work in local boards of education to assist in foreign language instruction at the primary, junior and senior high school levels.

Coordinator for International Relations (CIR)

CIRs work in local public offices or international exchange organizations handling international projects, exchange Programs, translation, interpretation, etc.

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

Applicant's Name: _____

Medical Details and Explanation: _____

(Please write as clearly and legibly as possible)

Do you foresee the need for this applicant to take medication or receive treatment from 2018 through 2019 while participating on the JET Program?

If yes, please list medications and give details if not listed above.

YES Name of Medication or Treatment: _____

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: _____ E-mail: _____

SAMPLE