

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) 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 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 organizations handling international projects, exchange program, 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 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 the JET Program 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. **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 Program 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.

PLEASE WRITE CLEARLY AND AVOID DOCTOR'S SHORTHAND

Applicant's Name:

- Please note **ANY missing medical history may postpone or even PREVENT participation.**
- **Name of medical condition** is to be filled in by the applicant (from Self-Report of Medical Condition(s) 1, 2a, 2b, 3 etc.)
- **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.
- **If additional space is required**, please attach an extra sheet written on letterhead or signed by the examining physician.

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

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 Program?

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 Program for one year?**

YES

NO

Date: _____ Physician's Signature: _____

Physician's Name in Print: _____

Office/Institution: _____

Address: _____

TEL: _____ FAX: _____ E-mail: _____