

THE JAPAN EXCHANGE AND TEACHING PROGRAMME

2023 SELF-REPORT OF MEDICAL CONDITIONS

(健康状況自己報告書)

Name of Applicant: _____
(as printed in passport) Last Name First Name Middle Name

Interview Location: _____ Date of Birth: _____

Your application cannot be processed without this form. It is important that you submit accurate information regarding your medical history. This information will be used when assigning your placement, as well as in serving as a quick reference should any medical emergencies arise while you are participating in the programme.

If you suffer or have ever suffered from any physical or mental illness, please attach an explanation from your physician, using the 2023 Physician's Form, stating whether you are fit to participate in the 2023 JET Programme and, as such, to live and work overseas.

1. Current Treatment of Any Physical Conditions

Are you currently seeing a physician and/or undergoing treatment (other than acne, common colds, fevers, visits to OB/GYN facilities, or consultations for requesting contraception)? If yes, you must provide details below as to when, why, and for how long you have been receiving treatment AND have your doctor fill out the Physician's Form.

2a. Physical Condition(s) in the Past Five (5) Years

What serious diseases, injuries, and/or medical conditions have you had **in the past five years**? If any of these resulted in hospitalisation, please provide details below as to when, why, and for how long you received treatment AND have your doctor fill out the Physician's Form.

2b. Other Undisclosed Conditions

Other than those stated in 2a., have you ever been treated for any serious diseases, injuries, and/or medical conditions, including but not limited to heart disease, blood disease, autoimmune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving chronic or lifelong effects? If yes, you must provide details below AND have your doctor fill out the Physician's Form.

3. History of Mental Health or Developmental Disorders in Your Lifetime

Have you ever been diagnosed with any mental health or developmental disorders (including mild cases and conditions you have recovered from)? If yes, you must provide diagnosis and treatment details below AND have your doctor fill out the Physician's Form. If you are currently undergoing therapy, please also include the frequency and type (i.e., in-person or online). Please note that we may contact your consulate or embassy if further information is required.

- | | | |
|--|---|--|
| <input type="checkbox"/> Anxiety (神経不安症) | <input type="checkbox"/> Depression (うつ病) | <input type="checkbox"/> Obsessive-Compulsive Disorder (強迫神経症) |
| <input type="checkbox"/> Bipolar Disorder(双極性障害) | <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder (ADHD) |

- Eating Disorder (摂食障害) Post-Traumatic Stress Disorder (PTSD) Autism Spectrum Disorder (ASD/自閉症)
 Gender Dysphoria (性別違和) Other () (その他)

4. Foreseeable Difficulty in Navigating Stairs

Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis? If yes, please explain.

5. Allergies

What allergies do you have, if any? Are you currently undergoing treatment? If yes, provide details.

6. Medications

If you are currently taking, or have taken in the last five years, any prescription medication (other than for common colds/viruses, oral contraceptives, or acne medications), please give details including the name of the medication, purpose, and period taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., and 3 above.

7. Eyesight and Hearing

Are you colour blind or do you have any disabilities related to your eyesight or hearing (excluding the use of prescription glasses and contact lenses to correct vision)? If yes, please provide details. If you have a driver's licence, please also describe whether it affects your ability to drive.

- Legally Blind (視覚障害) Colour Blind (色盲) Hearing Impaired (聴覚障害)

If you provided information for question 7 and have a driver's licence, does this affect your ability to drive?

- Yes No

(もし7に該当し、運転免許を所持している場合、運転能力に影響はあるか。)

8. Dietary Restrictions

Are there any foods or substances that, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical reasons, religion, personal reasons, etc.).

Food

- Beef (牛肉) Chicken (鶏肉) Dairy Products (乳製品) Eggs (卵)
 Gluten (グルテン) Tree Nuts (ナッツ類) Peanuts (ピーナッツ) Pork (豚肉)
 Wheat (小麦) Shellfish (貝類・甲殻類) Soy (大豆)
 Finfish (魚類) Fruit (果物) Other () (その他)

Reasons

- Allergies (アレルギー)
 Religion (宗教上)
 Other medical reasons (その他の疾病のため)
 Other () (その他)

9. Other Health-Related Issues or Disabilities

Please explain any other health-related issues/disabilities (e.g. use of a wheelchair, pending medical treatment, etc.)

I understand that false statements may result in disqualification from the JET Programme. I also understand that if I suffer, or have ever suffered from any physical or mental illness, I must also submit the Physician's Form in which my physician clearly states my ability to live and work overseas on the JET Programme.

Applicant's Signature: _____ **Date:** _____

SAMPLE