

# - 2016 Japan Exchange and Teaching Program - Physician's Form

A detailed explanation of items indicated by the patient on the Self-Assessment Medical Form.

**Note to Applicant:** Please provide this form to your physician (NOT a physician's assistant) to fill out on your behalf. You should also provide your doctor with the completed Self-Assessment Medical Form as a reference.

**Instructions for Physician:** Please complete both pages 1 and 2 of this form. This patient is an applicant for the JET Program and must submit this form concerning his or her health to explain any conditions listed on the Self-Assessment Medical Form.

Participants of this program undertake year-long contracts and work in schools and public offices in Japan as Assistant Language Teachers (ALTs) or Coordinators for International Relations (CIRs). They must be mentally and physically healthy, able to handle the challenges of supporting themselves and adjusting to the living and working conditions in Japan, which could be significantly different from those in the U.S. Please visit <http://www.us.emb-japan.go.jp/JET> for more information.

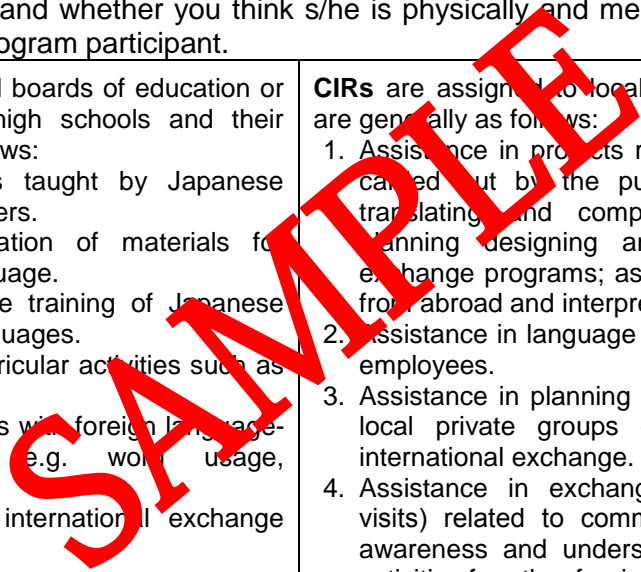
Based on your current examination and knowledge of this patient's medical history, please describe his or medical condition and whether you think s/he is physically and mentally fit to work in Japan for one (1) year as a JET Program participant.

**ALTs** are assigned to local boards of education or elementary, middle and high schools and their duties are generally as follows:

1. Assistance in classes taught by Japanese foreign language teachers.
2. Assistance in preparation of materials for teaching a foreign language.
3. Assistance in language training of Japanese teachers of foreign languages.
4. Assistance in extra-curricular activities such as foreign language clubs.
5. Assisting other teachers with foreign language-related information (e.g. word usage, pronunciation).
6. Engagement in local international exchange activities.

**CIRs** are assigned to local public offices and their duties are generally as follows:

1. Assistance in projects related to international activities carried out by the public offices, such as editing, translating and compiling brochures; assisting in planning designing and implementing international exchange programs; assisting in hosting official guests from abroad and interpreting at events.
2. Assistance in language instruction of other public office employees.
3. Assistance in planning and participating in activities of local private groups or organizations engaging in international exchange.
4. Assistance in exchange activities (including school visits) related to community members' cross-cultural awareness and understanding as well as in support activities for other foreign nationals residing in Japan.



## 1. APPLICANT'S INFORMATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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## 2. PHYSICIAN'S INFORMATION (Cannot be a relative of applicant)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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<b>How long have you known/treated the applicant?</b>	<b>Years</b>	<b>Months</b>	<b>Days</b>
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<b>Specialization/Area of Expertise:</b>	<b>MD/DO/APRN/Other*:</b>
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**Office/Institution Name:**

**Address:**

<b>Telephone Number:</b>	<b>FAX Number:</b>
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**E-mail Address:**

\*If 'Other,' please list. Note that the form must be signed/co-signed by a physician or mental health specialist.

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**MEDICAL DETAILS AND EXPLANATION:** Describe your patient's physical and mental condition, and comment on any and all conditions the individual listed in the Self-Assessment Medical Form. Any medications should also be listed here together with the condition being treated. Feel free to attach additional pages if necessary.

**SAMPLE**

**APPLICANT'S NEED FOR MEDICATION**

Do you foresee the need for this patient to take medication from 2016-2017 while participating on the JET Program?\* (If yes, please list the medications and fully describe the patient's condition above.)

YES     NO

\*Japanese law prohibits the importation of certain medication(s). In some cases, the applicant may need to use alternative medications. Please list any recommended alternative/generic medications in Q4. Additionally, it may be necessary for the applicant to receive permission from the Ministry of Health, Labor and Welfare for the importation of certain medication(s).

**PHYSICIAN'S STATEMENT:** Please write a clear and detailed statement about whether or not you think s/he is fit to work in Japan as a participant on the JET Program, based on your current examination and knowledge of his/her medical history. Failure to write a clear statement may delay or disqualify the application.

**SIGNATURE**

**DATE**