

Statement of Physician

Explanation of items mentioned by patient on self-assessment medical form

To the Physician: The patient presenting this form is applying to the JET Programme and must provide a physician's statement concerning his/her medical health as indicated on his/her Self Assessment Medical Form.

Based on your current examination/evaluation and knowledge of the patient's medical history, please describe his/her medical condition and state whether or not you think the applicant is physically and mentally fit to work in Japan as a participant on the JET Programme.

Note: Participants of the JET Programme undertake year-long contracts and work at schools and public offices in Japan as Assistant Language Teachers (ALTs) or Coordinators for International Relations (CIRs). JET Programme participants work for 35 hours per week.

Below is a list of general duties for ALTs and CIRs. For more detail on the programme, please visit the website: <http://www.jetprogramme.org>.

ALTs are assigned to local boards of education or primary, junior high and senior high schools and their duties are generally as follows:

1. Assistance in classes taught by Japanese foreign language teachers in primary/elementary, junior and senior high schools.
2. Assistance in preparation of materials for teaching a foreign language.
3. Assistance in language training of Japanese teachers of foreign languages.
5. Assistance in extra-curricular activities such as foreign language clubs.
6. Assisting other teachers with foreign language-related information (e.g. word usage, pronunciation).
7. 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 programmes; 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 organisations engaging in international exchange.
4. Assistance in exchange activities (including school visits) related to community members' cross-cultural awareness & understanding as well as in support activities for other foreign nationals residing in Japan.

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

Do you foresee the need for this applicant to take medication during his/her participation on the JET Programme? (If yes, please list medications and give details if not listed above.)

YES NO

**Japanese law may prohibit importation of certain medication. 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: _____ Signature: _____

Physician's Name in Print: _____

Office/ Institution: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____