

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 fit to work in Japan as a participant on the JET Programme.

Note: Participants of the JET Programme undertake year-long contracts at schools and offices in Japan, working as Assistant Language Teachers or Coordinators for International Relations. For more detail on the programme, please visit the website: <http://www.jetprogramme.org> .

(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: _____