THE 2024 JAPAN EXCHANGE AND TEACHING (JET) PROGRAMME

CERTIFICATE OF HEALTH

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

To the Examining Physician (PLEASE READ THOROUGHLY)

You are asked to evaluate the physical and mental health of the applicant for the JET Programme. Participants of the JET Programme will be assigned for one year to schools or to local government offices in Japan. It is imperative that all participants be able to adjust to dramatic changes in climate, diet, and living conditions. Living and working overseas can also create *emotional* and *physical* stresses in response to the demands of living in a new and different environment. In some cases, mild disorders can become serious due to the stress of life and work in foreign surroundings. It is essential that your reply be based on a current and thorough physical examination and knowledge of the applicant's medical history.

<u>NOTE:</u> PLEASE FILL IN ALL SECTIONS. ANY MISSING INFORMATION INCLUDING QUESTION 7 MAY HINDER OR PREVENT A CANDIDATE FROM PARTICIPATING.

1. Applicant's Name:	(Last Name)		(Fir	rst Name)		(Middle Nan	ne)
Date of Birth:	•	/Y	-	e:		•	□ Female / □ Othe
2 Dhysical Evamination	Uniaht.		\A/a	siaht.			
2. Physical Examination	Height:		WE	eight:			
	Blood Pressure:m					Pulse Rate: /min □ regular / □ irregular	
		(L)					
Colour Blindness: □ no	\ <u> </u>				es or contact l		ired OK to drive: □
3. Urinalysis:	•) pr			_		
4. Medical History: Pleas					_		
						oply, please check I	
Tuberculosis							
Other Communicable Di							(MM/YYY
□ Epilepsy		(IVIIV	/	Renai Disea	ise		(IVIIVI) Y Y Y
□ Cardiac Disease □ Drug Allergy		(IVIIV	/	Diabetes	Discusion Fut	una maiki a a	(IVIIVI/YYY
☐ Mental Disorder(s) (incl	uaing but not iin	iitea to ADD, AD	ни, аерге	ession, anxie	, .		•
5. X-ray Examination/Tu	berculosis Test:	Please describe	the result	of the appli	icant's physica	l and chest X-ray e	(MM/YYY
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs:	berculosis Test: s prior to this cer <pre>(-ray information Please note: As TEST OR TAKE DI rmal / \(\simpaire </pre>	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res	the result valid). Re ed below. ants who ESS TUBE e of Tube	c of the applications of a turn (Tuberculos test positive RCULOSIS Broulosis Test Positive / 🗆 I	icant's physica berculosis test is tests taken r e in a PPD test EFORE COMIN t:	I and chest X-ray ex must be provided more than 3 month t, regardless of che	xamination (X-rays regardless of s prior to this
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs: no Date of X-ray: Cardiomegaly: no Describe the conditio	berculosis Test: s prior to this cer K-ray information Please note: As FEST OR TAKE Di rmal / impaire rmal / impaire n of applicant's	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res lungs:	the result valid). Reed below. ants who ESS TUBE e of Tuber ults:	c of the applications of a turn (Tuberculos test positive RCULOSIS B rculosis Test Positive / 🗆 I hed: 🗆	icant's physica berculosis test is tests taken r e in a PPD test EFORE COMIN t: Negative	I and chest X-ray extends the provided more than 3 month to the provided than 3 month to the pertinent to the	regardless of s prior to this est X-ray results, applicant's ability
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs:	berculosis Test: s prior to this cer (-ray information Please note: As TEST OR TAKE DI rmal / = impaire rmal / = impaire n of applicant's ner information, ne activities of the	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res lungs: whether or not	the result valid). Reed below. ants who ESS TUBE e of Tube ults: ults attack requested the (e.g., pi	c of the applications of a tuing (Tuberculos test positive RCULOSIS Berculosis Test Positive / 🗆 Inhed: 🗆	icant's physica berculosis test is tests taken n e in a PPD test EFORE COMIN t: Negative m, which may laysical disabilit	I and chest X-ray extends to the provided more than 3 month to the GTO JAPAN. The pertinent to the try, drug addiction, the try, drug addiction and try, and try try, and try,	kamination (<i>X-rays</i> regardless of <i>s prior to this</i> est X-ray results , applicant's ability etc.). NONE
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs:	berculosis Test: s prior to this cer K-ray information Please note: As TEST OR TAKE DI rmal / impaire rmal / impaire n of applicant's ner information, ne activities of the	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res lungs: whether or not	the result valid). Re ed below. sants who ESS TUBE e of Tuber ults: ults attack requested the (e.g., pi	c of the applications of a turn (Tuberculos test positive RCULOSIS Berculosis Test Positive / 🗆 I hed: 🗆	icant's physica berculosis test is tests taken n e in a PPD test EFORE COMIN t: Negative m, which may laysical disabilit	I and chest X-ray extends to the provided more than 3 month to the GTO JAPAN. The pertinent to the try, drug addiction, the try, drug addiction and try, and try try, and try,	(MM/YYY xamination (<i>X-rays</i> regardless of <i>s prior to this</i> est X-ray results, applicant's ability etc.). NONE
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs: □ no Date of X-ray: Cardiomegaly: □ no Describe the conditio 6. Please indicate any oth teach or take part in the	berculosis Test: s prior to this cer (-ray information Please note: As TEST OR TAKE DI rmal / impaire rmal / impaire rmal / impaire n of applicant's ner information, ne activities of the out's history and the Programme?	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Date Res d Res lungs: whether or not ne JET Programm he above finding	the result valid). Reed below. ants who ESS TUBE e of Tuber ults: ults attack requested the (e.g., property property).	c of the applications of a tuication	icant's physical berculosis test is tests taken is e in a PPD test EFORE COMIN to the second	I and chest X-ray extends the provided more than 3 month to the GTO JAPAN. The pertinent to the try, drug addiction, extends the tracks is adequated to the status is adequated to the tracks and the status is adequated to the status is a status in the status is adequated to the status is adequated to the status is adequated to the status is a status in the status in the status is a status in the status is a status in the status in the status in the status is a status in the stat	(MM/YYY xamination (<i>X-rays</i> regardless of <i>s prior to this</i> est X-ray results, applicant's ability etc.). NONE
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs: □ no Date of X-ray: □ Cardiomegaly: □ no Describe the conditio 6. Please indicate any oth teach or take part in the 7. In view of the applicant participate on the JET	berculosis Test: s prior to this cer (-ray information Please note: As TEST OR TAKE DI rmal / impaire rmal / impaire n of applicant's ner information, ne activities of the ot's history and the Programme?	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Date Res d Res lungs: whether or not ne JET Programm he above finding	the result valid). Reed below. ants who ESS TUBE e of Tube ults: ults attack requested he (e.g., properties) s, is it you S BY A PHYS	c of the applications of a tuit (Tuberculos test positive RCULOSIS Berculosis Test Positive / 🗆 I hed: 🗆	icant's physical berculosis test is tests taken in the in a PPD test EFORE COMING: Negative m, which may law in the instantial disabilition his/her heal	I and chest X-ray extends to the provided more than 3 month to the GTO JAPAN. The pertinent to the try, drug addiction, extends the status is adequated by	examination (X-rays regardless of s prior to this est X-ray results, applicant's ability etc.). NONE
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs:	berculosis Test: s prior to this cer (-ray information Please note: As TEST OR TAKE DI rmal / = impaire rmal / = impaire n of applicant's her information, he activities of the ot's history and the Programme?	Please describe tificate are NOT is not complete a rule, all applic RUGS TO SUPPR d Date Res d Res lungs: whether or not he JET Programm he above finding TYE: UST BE SIGNED E	the result valid). Reed below. ants who ESS TUBE e of Tube ults: luts attack requested he (e.g., properties) s, is it you S BY A PHYS cure:	c of the applications of a tuit (Tuberculos) test positive RCULOSIS Broulosis Test Positive / - I hed: -	icant's physical berculosis test is tests taken rein a PPD test EFORE COMINE: Negative m, which may lead the physical disabilities on his/her heal	I and chest X-ray extends to the must be provided more than 3 month to the TO JAPAN. The pertinent to the try, drug addiction, of the try than the try than the try than the try that the try than the	(MM/YY) commination (<i>X-rays</i> regardless of s prior to this est X-ray results , applicant's ability etc.). NONE
5. X-ray Examination/Tu taken more than 3 months vaccination history if the 3 certificate are NOT valid). MUST SUBMIT A BLOOD Lungs:	berculosis Test: s prior to this cer K-ray information Please note: As TEST OR TAKE DI TIMAL impaire TIMAL	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res lungs: whether or not ne JET Programm the above finding	the result valid). Reed below. ants who ESS TUBE e of Tuber ults: requested the (e.g., properties, is it yours, is it yours. BY A PHYS cure:	c of the applications of a tuit (Tuberculos) test positive RCULOSIS Broulosis Test Positive / 🗆 I hed: 🗆 don this form regnancy, phonomerous of the control of the contro	icant's physical berculosis test is tests taken rein a PPD test EFORE COMINE: Negative m, which may languistical disabilition his/her heal	I and chest X-ray extends to the provided more than 3 month to regardless of chells TO JAPAN. be pertinent to the ry, drug addiction, of the status is adequated.	(MM/YYY) regardless of s prior to this est X-ray results, applicant's ability etc.). NONE
Date of X-ray: Cardiomegaly: □ no Describe the conditio 6. Please indicate any oth teach or take part in the condition of the applicant participate on the JET Date:	berculosis Test: s prior to this cer K-ray information Please note: As TEST OR TAKE Di rmal / impaire rmal / impaire rmal / impaire n of applicant's ner information, ne activities of the ot's history and the Programme? AMI Print:	Please describe tificate are NOT n is not complete a rule, all applic RUGS TO SUPPR d Dat Res d Res lungs: whether or not ne JET Programm the above finding YES UST BE SIGNED E	the result valid). Reed below. ants who ESS TUBE of Tube ults: lults attack requested be (e.g., pinks, is it you so, is it you so like the control of the c	c of the applications of a tuing (Tuberculos	icant's physica berculosis test is tests taken r e in a PPD test EFORE COMIN t: Negative m, which may l nysical disabilit on his/her heal	I and chest X-ray extends to the provided more than 3 month to regardless of chells TO JAPAN. be pertinent to the ry, drug addiction, of the status is adequated.	(MM/YYY) regardless of s prior to this est X-ray results, applicant's ability etc.). NONE