

2016 JET Programme Applicant Self-Report of Medical Condition(s)
(健康状況自己報告書)

Interview Location: _____
(面接地)

Please type or handprint clearly
(明瞭に記入すること)

To the applicant: Please fill out the reference data below. Your application cannot be processed without this form. Successful applicants will be required to submit a JET Programme Certificate of Health, including a chest X-ray, from their physician by the date designated by the Embassy or Consulate General of Japan. **It is important that you submit correct information regarding your medical history. If you now have or have ever had any physical or mental condition/illness, your physician must attach a statement to provide an explanation indicating whether you are fit to participate on the JET Programme and to live and work overseas.** This information will be used to your benefit in deciding your contracting organisation as well as in serving as a quick reference should any medical emergencies arise while you are participating on the JET Programme.

(申請者へ：下記に記入のこと。本フォームの提出がないと申請手続きが進められません。合格者は、胸部X線を含むJETプログラム健康診断書を日本大使館または総領事館が指定する期日までに提出することが求められます。自身の医療歴について正確に申請することが重要です。現在、または過去に身体的及び精神的疾患を有する場合、JETプログラムに参加し、海外で勤務・生活することが可能かどうかを示す医師の報告書を添付する必要があります。本情報は任用団体の決定に使用されるとともに、JETプログラム参加中に医療的緊急事態が発生した際に参照されます。)

Personal Details (応募者詳細)

Name (氏名) :
(as printed on your passport) (パスポート通りに記載)

_____ Last (姓) _____ First (名) _____ Middle (ミドルネーム)

Date of Birth: M (月) / D (日) / Y (年)
(生年月日)

1. Are you currently seeing a physician and/or undergoing treatment? (except for colds, fevers, visiting OB/GYN facilities, or consultations for requesting contraception). If yes, you must provide details as to when, why, the duration of treatment below AND have your doctor fill out the Statement of Physician.
(現在診察や治療や薬物治療を受けているか(風邪, 発熱, 婦人科または避妊の相談を除く)。該当する場合, 詳細(時期, 事由, 治療の時期)を明記し, 医師の報告書を添付すること。)

- 2a. What serious diseases, injuries and/or medical conditions have you had in the past five years? If any of these resulted in hospitalisation, please give details as to when, why, and the duration of treatment below AND have your doctor fill out the Statement of Physician.
(過去5年間にどのような深刻な病気, 怪我または病態となったか。結果として, 入院した場合には, 詳細(時期, 事由, 治療の期間)を以下に明記し, 医師の報告書を添付すること。)

- 2b. Other than those stated in 2a., have you ever been treated for any other serious diseases, injuries, and/or medical conditions, including heart disease, blood disease, auto immune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving permanent damage? If yes, you must provide details below AND have your doctor fill out the Statement of Physician.
(2aに明記した以外で, 過去に心疾患, 血液疾患, 自己免疫疾患, 癌, てんかん, 先天性疾患, 再発性のある病気, 現在に後遺症が残る病気及び怪我を含む深刻な病気や怪我または病態で治療を受けたことがあるか。該当する場合には, 詳細を明記し, 医師の報告書を添付すること。)

