THE 2025 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 a minimum of one year to schools or 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)	(First Name)	(Mid	dle Name)								
	Date of Birth: <u>DD / MM / YYYY</u>	Age:	Sex: □ Male	/ \Box Female / \Box Other								
2.	Physical Examination:											
Height: kg Blood Pressure: mm/Hg /mm/Hg Pulse Rate: /min □ regular / □ irreg Eyesight: (L) (without glasses or contact lenses)												
							(R) (L) (with glasses or contact lenses)					
						Colour Blindness: a normal / a impaired (If impaired, OK to drive: b)						
	Hearing: normal / impaired (If in	npaired , OK to driv	e: 🗆)									
3.	Urinalysis: glucose () protein	n ()	occult blood () (neg, +2, -, etc.)								
4.	Medical History:											
Please mark any items below that the applicant has ever been diagnosed with. Fill in the name of the												
	disorder and, if applicable, the date of recovery.											
	If none of the conditions below apply, please check NONE: NONE											
	Tuberculosis (MM/Y	YYY) 🗆 Malaria		(MM/YYYY)								
	Other Communicable Disease			(MM / YYYY)								
	Epilepsy (MM/Y)	YYY) 🗆 Renal Dise	ease	(MM / YYYY)								
	Cardiac Disease (MM/Y)	YYY) 🗆 Diabetes_		(MM/YYYY)								

Drug Allergy		(MM/YYYY)
Functional Disorder in Extremities		(MM/YYYY)
Mental Disorder(s) (including but not lim	ited to ADD, ADHD, depression, anxiety, eating	disorders, obsessive
compulsive disorders)		
		(MM/YYYY)
Dyslexia (Please include details of any comp	lications or educational support for reading and	writing handwritten/typed text)
		(MM/YYYY)
Other (Please specify)		(MM/YYYY)

5. X-ray Examination or Tuberculosis Test:

Please describe the result of the applicant's physical and chest X-ray examination (*X-rays taken more than 3 months prior to this certificate are NOT valid*).

Results of a tuberculosis test must be provided regardless of vaccination history <u>if the X-ray information is</u> <u>not completed</u> below. (*Tuberculosis tests taken more than 3 months prior to this certificate are NOT valid*).

<u>Please Note</u>: As a rule, all applicants who test positive in a PPD test MUST SUBMIT A BLOOD TEST OR TAKE DRUGS TO SUPPRESS TUBERCULOSIS BEFORE COMING TO JAPAN.

Date of X-ray: (DD/MM/YYYY)	Date of Tuberculosis Test: (DD/MM/YYYY)
Lungs: 🗆 normal / 🗆 impaired	Results:
Cardiomegaly: 🗆 normal / 🗆 impaired	Results attached:
Describe the condition of applicant's lungs:	

- 6. Other: Please indicate any other information, whether requested on this form or not, which may be pertinent to the applicant's ability to teach or take part in the activities of the JET Programme (*e.g., pregnancy, physical disability, drug addiction, etc.*). □ NONE
- 7. Health Observation: In view of the applicant's history and the above findings, is it your observation their health status is adequate to go abroad to participate on the JET Programme?

<MUST BE SIGNED BY A PHYSICIAN WITH A D.O. or M.D.>

Date:	Physician's Signature:					
Physician's Name in Print:						
Office/Institution:						
Address:						
TEL:	FAX:	E-mail:				