

THE JAPAN EXCHANGE AND TEACHING PROGRAM

2012 PHYSICIAN'S FORM - Page 1 of 2

Note to Applicant: Give this form to your physician (NOT a physician's assistant) to fill out on your behalf, to provide further information to accompany your Self-Assessment Medical Form.

Instructions to Physician: Complete pages 1 and 2 of this form.

Special Instructions for Item #5: Include a statement (or attach a letter on your practice's letterhead) in which you describe your patient's medical condition and state whether or not you think he/she is fit to work in Japan as a participant on the JET Program, based on your current examination/evaluation and knowledge of his/her medical history. The patient presenting this form is applying to the JET Program and must provide a physician's statement concerning his/her medical and/or mental health as indicated on the Self Assessment Medical Form.

JET Program Information: Participants of the JET Program undertake year-long contracts at schools and offices in Japan, working as Assistant Language Teachers or Coordinators for International Relations. They must be mentally and physically healthy, able to handle the challenges of supporting themselves and adjusting to the living and working conditions in Japan, which could be significantly different from those in the U.S.

<p>ALTs are assigned to local boards of education or elementary, middle and high schools and their duties are generally as follows:</p> <ol style="list-style-type: none"> 1. Assistance in classes taught by Japanese foreign language teachers. 2. Assistance in preparation of materials for teaching a foreign language. 3. Assistance in language training of Japanese teachers of foreign languages. 4. Assistance in extra-curricular activities such as foreign language clubs. 5. Assisting other teachers with foreign language-related information (e.g. word usage, pronunciation). 6. Engagement in local international exchange activities. 	<p>CIRs are assigned to local public offices and their duties are generally as follows:</p> <ol style="list-style-type: none"> 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 programs; 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 organizations engaging in international exchange. 4. Assistance in exchange activities (including school visits) related to community members' cross-cultural awareness and understanding as well as in support activities for other foreign nationals residing in Japan.
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Please visit <http://www.us.emb-japan.go.jp/JET> for more information.

1. APPLICANT'S INFORMATION		
Last Name	First Name	Middle Name
2. PHYSICIAN'S INFORMATION (Cannot be a relative of applicant)		
Last Name	First Name	Middle Name
Office/Institution Name:		
Address:		
Telephone #:		FAX #:
E-mail Address:		

Please continue to the next page.

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3. APPLICANT'S NEED FOR MEDICATION

Do you foresee the need for this applicant to take medication during his/her participation on the JET Program?* (If yes, please answer Q4 and give details in Q5, on next page.)

YES NO

*Japanese law prohibits the importation of certain medication(s). In some cases, the applicant may need to use alternative medications. Please list any recommended alternative/generic medications in Q4. Additionally, it may be necessary for the applicant to receive permission from the Ministry of Health, Labor and Welfare for the importation of certain medication(s).

4. RECOMMENDED MEDICATIONS

Medication(s) applicant will need to take in Japan (from July 2012) – if applicable:

5. PHYSICIAN'S STATEMENT Describe your patient's medical condition and state whether or not you think he/she is fit to work in Japan as a participant on the JET Program, based on your current examination/evaluation and knowledge of his/her medical history. Feel free to attach additional pages if necessary.

6. SIGNATURE

Date: