

2015 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. When and for what reason did you last consult a physician (except for colds, fevers, visiting OB/GYN facilities, or consultations for requesting contraception)?
(最後に医師の診断を受けた時期及び内容。ただし、風邪、発熱、婦人科または避妊の相談を除く。)

- 2a. What diseases, ailments or injuries 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.
(過去5年間にかかった病気、持病、怪我についての詳細(時期、事由、治癒の時期))

- 2b. What is your current status with regard to the condition(s) described in 2a.?
(2 a の記載事項に関する現在の状況について)

3. Are you currently seeing a physician and/or undergoing treatment? If yes, you must provide details below AND have your doctor fill out the Statement of Physician.
(現在診察や治療を受けているか。該当する場合、詳細を明記し、医師の報告書を添付すること。)

4. Have you ever suffered from any nervous or mental disorders (including, but not limited to anxiety, depression, ADD, ADHD and eating disorders)? If yes, you must provide details below AND have your doctor fill out the Statement of Physician. Please note that we may contact your doctor if further information is necessary.
(過去に神経性または精神的疾患(例:不安神経症, 鬱病, ADD, ADHD, 摂食障害等)にかかったことがあるか。もしあるなら, 詳細を明記し, 医師の報告書を添付すること。必要時には医師への問い合わせを行う旨をご了承ください。)
5. Have you ever been treated for any other illness or condition previously undisclosed on this document? If yes, you must provide details below AND have your doctor fill out the Statement of Physician.
(その他の病気にかかったことがあるか。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。)
6. Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis? If yes, please explain.
(数階分の階段の昇降による身体的問題が予測されるか。ある場合は詳細を説明すること。)
7. What allergies do you have, if any? Are you currently undergoing treatment?
(アレルギー症があるか。治療は受けているか)
8. If you are currently taking, or have taken in the last five years, any prescription medication, *other than oral contraceptives*, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 4 and/or 5, above.
(現在または過去5年間に薬物治療を受けている場合, 薬品の名前も含めてその詳細を記入すること。)
9. Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details (eg. medical, religious, personal reasons, etc.).
(現在食事制限を受けている場合, その詳細を記入すること。例: 疾病, 宗教的, 個人的な理由等)
10. Please explain any other health-related issues or disabilities (eg. legally blind, hearing impaired, colour blindness, confined to wheelchair, pending medical treatment, etc.).
(その他の健康上の注意事項及び障害について記入すること。例: 視覚障害, 聴覚障害, 色盲, 車いすの使用, 治療中の事項等)

【以下の赤字は、貴地において適当でないと判断する場合には削除ありたい】

Candidates who have tattoos and/or body piercings, please provide details of the tattoos, including location and size.

(タトゥーやピアスがある場合, その詳細を記入)

The answers I have given are correct to the best of my knowledge.

(申告書の記載事項のとおり相違ありません。)

Signature:
(署名)

Date:
(日付)