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.

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

<ol> <li>Applicant</li> <li>Date of B</li> </ol>		(Last Name	•		(First Name) <b>Age:</b>		( <i>Middle Name</i> )  Sex: □ Male / □ Female / □ Othe
Date of D			<i>,</i>	<del>/ '</del>	<u> </u>		Jen Marcy - Terraicy - Jen.
2. Physical E	xamination	Height: _		<u> </u>	Weight:		
		Blood Pres	ssure:	mm/⊦	lg/	mm/Hg	Pulse Rate: /min □ regular / □ irregular
		Eyesight:				glasses or contac	
Colour Bli	ndnass. – na	rmal/=imm				asses or contact le	
3. Urinalysis		-				-	impaired ( <b>If impaired</b> , OK to drive: I ) (neg, +2, -, etc.)
4. Medical H	-	-				_	with. Fill in the name of the disorder
				-			oly, please check NONE:   NONE
□ Tuberculos							(MM/YY)
	municable Di				D 10:		(MM/YY)
							(MM/YY)
Cardiac Dis	ease			(MM/YYYY)	□ Diabetes		(MM/YY)
							emities (MM/YY)
	order(s) ( <i>incli</i>	uding but no	t limited to	o ADD, ADHD, de	pression, an	xiety, eating disord	ders, obsessive compulsive disorders
5. X-ray Exa	mination/Tul	berculosis To	<b>est:</b> Please	e describe the res	sult of the ap	plicant's physical	and chest X-ray examination (X-rays
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