



Scholarship for Japanese Emigrants and their Descendants in Latin America  
and the Caribbean: Program for Developing Leaders in Nikkei Communities  
Application Form

Date: / /

<b>Appointed University</b>	
University name	
Research subject	
Major	
Name of professor	
Language to learn	
Address	
Phone number	
Research field	
Research theme	
Content of the research theme indicated above (in detail)	

# Personal History

Date: / /

Name				
Japanese Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

English Skills	Proficient	Working knowledge	Limited	None
Reading				
Writing				
Speaking				

Emergency Contact (Japan)	Relationship	Name	Occupation	Address, phone number etc.

Relatives /Acquaintances in Japan	Relationship	Name	Occupation	Address, Phone number etc.

Family Status	Relationship	Name	Age	Place of Work	Live together/ separately

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。

Please fill out (PRINT/TYPE) in Japanese or English. Do not leave any items blank.

氏名 Name : \_\_\_\_\_  
 Family name, First name Middle name  
男 Male 生年月日 Date of Birth : \_\_\_\_\_ 年齢 Age : \_\_\_\_\_  
女 Female  
その他 Non-binary

1. 身体検査 Physical Examinations

(1) 身長 Height \_\_\_\_\_ cm 体重 Weight \_\_\_\_\_ kg

(2) 血圧 Blood pressure \_\_\_\_\_ mm/Hg~ \_\_\_\_\_ mm/Hg 血液型 Blood Type 

A B O	RH +
	-

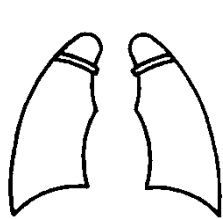
脈拍数 Pulse Rate \_\_\_\_\_/min 整 regular 不整 irregular

(3) 視力 Eyesight : (R) \_\_\_\_\_ (L) \_\_\_\_\_ (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 裸眼 without glasses 矯正 with glasses or contact lenses

(4) 聴力 Hearing : 正常 normal 低下 impaired 言語 speech : 正常 normal 異常 impaired

(5) 色覚異常の有無 Color blindness : 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること (6ヶ月以上前の検査は無効)。  
 Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired Date \_\_\_\_\_  
 Film No. \_\_\_\_\_

心臓 Cardiomegaly: 正常 normal 異常 impaired

胸部聴診(呼吸音) Chest auscultation (breath sound) 正常 normal 異常 impaired  
 Examinations of the neck (inspection, palpation) 正常 normal 異常 impaired

心電図 Electrocardiograph 正常 normal 異常 impaired

Describe the condition of applicant's lung. \_\_\_\_\_

3. 現在治療中の病気 Disease & Treatment at Present Yes (Disease: \_\_\_\_\_ Medicine: \_\_\_\_\_) No

4. 既往症 Past history : Please indicate with + or - and fill in the date of recovery.  
 Tuberculosis..... ( . . ) Malaria..... ( . . ) Measles..... ( . . )  
 Epilepsy..... ( . . ) Kidney disease..... ( . . ) Heart diseases..... ( . . )  
 Diabetes..... ( . . ) Drug allergy..... ( . . ) Psychosis..... ( . . )  
 Functional disorder in extremities..... ( . . ) Others..... ( . . )  
 Rheumatic fever..... ( . . ) Hepatitis..... (Type: A, B, C, D, E) ( . . )  
 Immunodeficiency (HIV, Chronic Kidney Failure, a Malignant Tumor)  ( . . )  
 Immunosuppressant (Adrenocorticosteroid, Anticancer, Anti rheumatic drug)..... ( . . )

5. ワクチン接種歴 Vaccination history  
 MMRV (Measles, Mumps, Rubella, Zoster)..... Time(s) ( ) Mumps..... Time(s) ( ) Hepatitis B..... Time(s) ( )  
 MMR (Measles, Mumps, Rubella)..... Time(s) ( ) Chicken pox..... Time(s) ( ) Meningitis..... Time(s) ( )  
 MR (Measles, Rubella)..... Time(s) ( ) Polio..... Time(s) ( )  
 M (Measles)..... Time(s) ( ) Diphtheria Pertussis Tetanus combined..... Time(s) ( )

6. 検査 Laboratory tests  
 検尿 Urinalysis: glucose ( ), protein ( ), occult blood ( ) ・検便 Feces: Parasite(egg of parasite)(+, -)  
 赤沈 ESR : \_\_\_\_\_ mm/Hr, WBC count : \_\_\_\_\_ x10<sup>3</sup>/μl, Hemoglobin: \_\_\_\_\_ g/dl, ALT: \_\_\_\_\_ u/l  
 貧血検査 Anemia Test: ESR : \_\_\_\_\_ mm/Hr, WBC count : \_\_\_\_\_ /cmm, Hemoglobin: \_\_\_\_\_ gm/dl, Anemia: \_\_\_\_\_,  
 肝機能検査 LFT : GPT/ALT : \_\_\_\_\_ (IU/L), GOT/AST : \_\_\_\_\_ (IU/L), γ-GTP : \_\_\_\_\_ (IU/L),

7. 診断医の印象を述べて下さい。 Please describe your impression.  
 継続的治療・投薬の必要性があればその旨ご記入ください。 Please fill in if applicant needs regular medication or treatment.

8. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？  
 In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan? yes  no

日付  
Date:

署名  
Signature:

医 師 氏 名  
Physician's Name in Print:

検査施設名  
Office/Institution:

所在地  
Address:

# Pledge

To President, Japan International Cooperation Agency

Upon my admission to your program for Scholarship for Japanese Emigrants and their Descendants in Latin America and the Caribbean: Program for Developing Leaders in Nikkei Communities, I hereby pledge and agree to devote myself to studying in a Japanese university and comply with the following considerations.

1. To abide by Japanese Law and the rules of the institution where I undergo training and to remain in Japan as a bona fide member of the society.
2. To abide by the instructions and decisions from your agency.
3. To compensate for any damage I may cause intentionally or by negligence.
4. In case any of the following cases applies to me and results in salary suspension, I abide by the decision and immediately return to my country.
  - ( 1 ) Violation of Japanese Law or an action to disturb the social order
  - ( 2 ) Violation of the institution rules
  - ( 3 ) Violation of the content or conditions on salaries decided by your agency
  - ( 4 ) Interruption of studies due to a personal reason
  - ( 5 ) Inability to continue studies due to significant emotional/physical difficulties or health problems
  - ( 6 ) fraud on application documents
  - ( 7 ) Inability to start a Master's /Doctoral course within one year after the start of the aid payment
  - ( 8 ) Inability to start studies at the appointed university by the last day of October in the designated academic year
  - ( 9 ) Reception of other scholarship money or equivalent besides the aid from your agency (except those assigned specifically for research)
  - (10) Other unavoidable circumstances due to reasons your agency deems
5. Not to demand anything to your agency in the case of returning to my country upon salary suspension or damages caused in the aforementioned cases
6. After completing the program, I promptly return to my country and proactively contribute to the development of the local community with the knowledge I have gained

END

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

I declare I will make the aforementioned applicant observe the pledges stated on this document.

Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of guarantor: \_\_\_\_\_

Signature: \_\_\_\_\_

Current address: \_\_\_\_\_

Relation to the applicant: \_\_\_\_\_

