

Managing Director
International Exchanges Department
Japan International Cooperation Center (JICE)

Letter of Consent

I presently take medication and regularly receive medical treatment at a medical institution for _____ as described in the Entry Form and the attached medical certificate issued by the medical institution.

I understand the health risk which may be increased by my pre-existing medical conditions, when infected with the new Influenza A(H1N1) virus during my stay in Japan. However, I still wish to participate in JENESYS Program in Japan.

I, hereby, pledge that ①I would agree on any restriction on my participation in the program due to my health problems caused by _____, ②I accept the situations where any cost of treatment for any complication due to my pre-existing medical conditions or any illness that I acquire as a result of increased vulnerability of myself will not be covered by the medical insurance provided by JICE and ③I observe the instructions given by JICE.

Date _____

Signature _____

Confirmed by _____
(Head of Department or Division)

Attachment : A medical certificate issued by the medical institution