

Medical certificate

【For doctors who fill in】

This document has been translated from Japanese to English using Translation tool,so there are some unnatural parts.

This certificate is a necessary document when applying to use a nursery school in Japan.

This certificate is used to ascertain the"number of hours required to reduce the burden of childcare at home" necessary for parents to secure time for medical treatment.

If the "number of hours required to reduce the burden of childcare"is more than 64 hours per month, it falls under the requirements for using a nursery school.

1. Person to be diagnosed	adress	date of birth
	name	relationship with children
2. Main disease name (first medical examination date)	① disease name	first medical examination date ()
	② disease name	first medical examination date ()
	③ disease name	first medical examination date ()
3. Treatment periodo, etc. Please mark each applicable item ※Multiple selection allowed	(1) <input type="checkbox"/> hospitalized <input type="checkbox"/> outpatient (2)medical treatment period ※ Please mark the corresponding medical treatment period starting from the dare the medical certificate was created. <input type="checkbox"/> Approximately ()month of treatment required. <input type="checkbox"/> Requires long-term medical treatment for about 1 year or more <input type="checkbox"/> Requires constant rest or bed rest	
4. Everyday life	<input type="checkbox"/> no restrictions <input type="checkbox"/> some restrictions apply <input type="checkbox"/> severely limited	
5. Child care at home	<input type="checkbox"/> no restrictions <input type="checkbox"/> It is necessary to reduce the burden of childcare in home child care. (Please mark one of the following.)	
	Childcare reduction time required per week	<input type="checkbox"/> Requires reduced childcare for 40 hours or more per week. <input type="checkbox"/> Requiring reduced childcare for 35 hours or more and less than 40 hours per week. <input type="checkbox"/> Requiring reduced childcare for 25 hours or more and less than 35 hours per week. <input type="checkbox"/> Requiring reduced childcare for 20 hours or more and less than 25 hours per week. <input type="checkbox"/> Requiring reduced childcare for 16 hours or more and less than 20 hours per week.
6. Symptons/ findings	If you selected"Need to reduce the burden of childcare"in 5 above,please describe the situation in detail. _____ _____ _____	
Diagnose as above	Date Medical institution name Location Telephone number Doctor name	

保護者記入欄 Place to be filled in by guardian	児 童 氏 名	児 童 生 年 月 日	施 設 名
		H · R . .	(入所中・申込中)
		H · R . .	(入所中・申込中)
		H · R . .	(入所中・申込中)