

Medical Certificate

【To the doctor filling out the form】

- This medical certificate is used by parents and guardians to understand the number of hours necessary to reduce childcare burden at home in order to secure time for medical treatment.
- The information provided will be the criteria for determining the requirements for using a nursery school , etc..so please enter the number of hours perweek for which childcare burden needs to be reduced.
- If 「Number of hours required to reduce childcare burden」 is 64 hours or more permonth, it falls under the requirements to be able to use a nursery school,etc.(Calculated as 4 weeks in a month).
- If the child spends 64 hours or more but less than 120 hours in a month, the child will be eligible for short-time childcare (use until 16:00), and if the child spends more than 120 hours a month,the child will be eligible for standard time (use until 18:00).

1. Person undergoing diagnosis	Address	Birthday	year month day
	Name	Relationship with infant	
2. Main disease Name	①	· First consultation day (year month day)	
	②	· First consultation day (year month day)	
	③	· First consultation day (year month day)	
3. Period of medical treatment , etc. (1)(2) please use <input checked="" type="checkbox"/> and fill out the appropriate items.	<input type="checkbox"/> (1) <input type="checkbox"/> hospitalization <input type="checkbox"/> Hospital visit		
	<input type="checkbox"/> (2) Recuperation period		
	※ Please <input checked="" type="checkbox"/> the appropriate period of medical treatment strating from the date of medical certificate creation. <input type="checkbox"/> Requires approximately (months) of treatment <input type="checkbox"/> Requires long-term treatment for approximately one year or more <input type="checkbox"/> Needs constant rest		
4. Daily Life	<input type="checkbox"/> No particular restrictions <input type="checkbox"/> Some restrictions apply <input type="checkbox"/> There are obvious limitations		
5. Childcare at home	<input type="checkbox"/> No particular restrictions <input type="checkbox"/> It's necessary to reduce the burden of childcare in home childcare (check one of the following).		
	1 Childcare reduction time required perweek	<input type="checkbox"/> Requires childcare relief of 40 hours or more per week.	
		<input type="checkbox"/> Requires childcare reduction of 35 hours or more but less than 40 hours a week	
		<input type="checkbox"/> Requires childcare reduction of 30 hours or more but less than 35 hours a week	
		<input type="checkbox"/> Requires childcare reduction of 25 hours or more but less than 30 hours a week	
		<input type="checkbox"/> Requires childcare reduction of 20 hours or more but less than 35 hours a week	
<input type="checkbox"/> Requires childcare reduction of 16 hours or more but less than 20 hours a week			
6. Condition	· If you selected 「Need to reduce the burden of childcare 」 in No. 5, please describe the situation in detail. _____ _____ _____ _____		
Diagnose as described above		Medical certificate creation date year month day The name of the hospital Address Tel Doctor Name	

○This certificate is an attached document required for 「Application for use of nursery school」 or 「Application for childcare at certified nursery school」

Parent fills in	Infant Name	Birthday	Name of the garden