

Month/_____ Date/_____ Year/_____

To: Director, Infectious Disease Prevention Promotion Division
 Department of Health and Welfare, Gifu Prefectural Government

Applicant's Name: _____

(Relationship with the patient : _____)

Address: _____

Telephone: - -

Japanese Language: Applicable Inapplicable (Preferred Language : _____)

Application for Issuance of a "Certificate of Medical Treatment" Associated with COVID-19

I hereby apply for the issuance of a "Certificate of Medical Treatment" associated with COVID-19.

Patient's Name	
Date of Birth	Month/_____ Date/_____ Year/_____
Mailing Address for Certificate ※ Please provide a mailing address only if different from the applicant's address, as well as the reason.	<input type="checkbox"/> I wish to have the certificate mailed to the applicant's address. (No need to fill in the address field below.) <input type="checkbox"/> I wish to have the certificate mailed to an address different from the applicant's address. (Mailing address as written below.) ----- Reason
Number of Copies Needed	_____ piece(s)
Time of Treatment	Around Month/_____ Year/_____

Please fill in the following as much as you know about the medical treatment for this application.

Name of the medical institution where the testing has been conducted to begin the medical treatment	<input type="checkbox"/> Medical Institution (Name: _____) <input type="checkbox"/> Public Health Center (Gifu City, Gifu, Seino, Seki, Kamo, Tono, Ena, Hida, Other ())
Hospitalization	<input type="checkbox"/> Yes (Medical Institution's Name: _____) <input type="checkbox"/> No
Use of accommodation facilities for treatment	<input type="checkbox"/> Yes (Name of the facility: _____) <input type="checkbox"/> No

※If you have been infected with COVID-19 more than once and received medical treatment, please apply for each treatment you wish to certify. For example, if you have been infected three times and need certificates for the second and third times, please fill out two application forms and mail them to the Gifu Prefecture Medical Treatment Certification Team.

Please be sure to read the following notes.

收受日	確認欄 1	確認欄 2

<Notes>

※Please check the appropriate box.

※The applicant must be the person who received the medical treatment or his/her guardian, etc. In case someone other than the above needs to apply, a letter of attorney (any format) must be submitted.

※Please mail this application form to the application counter after the medical treatment is completed. (Carry-ins not accepted.)

※Please prepare and enclose your own self-addressed, stamped envelope (with your certificate mailing address written on it and the necessary stamps affixed) when you apply.

Approximate postal charges:

Standard size of 25g or less (for reference, up to 4 certificates) ... 84 yen

Standard size of 50g or less (for reference, 5 or more certificates) ... 94 yen.

If you wish to receive a reply by registered mail, add 320 yen to the above fee. (Please contact your local post office for details.)

※Gifu Prefectural Government may call you to confirm the contents of the application form.

<To those diagnosed on or after September 26, 2022>

Based on a notice sent out from the Ministry of Health, Labor and Welfare, it was decided that effective September 26, 2022, the scope of notification (Notification of Occurrence) by physicians based on the Infectious Diseases Control Law would be limited, and the health care system would be strengthened and emphasized.

Those diagnosed on or after September 26, 2022, are eligible for the submission of notification of occurrence only if they meet the criteria. If the patient is not eligible, a medical care certificate cannot be issued.

If we receive an application from a person to whom we cannot issue a medical care certificate, we will send back the return envelope by mail. Please understand this in advance.

Example

事務処理欄
(For Internal Use Only)

Month/ 3 Date/ 22 Year/ 2022

To: Director, Infectious Disease Prevention Promotion Division
Department of Health and Welfare, Gifu Prefectural Government

Applicant's Name: Seiryu Taro

(Relationship with the patient : **Said Applicant**)

Address: X - X Yabuta-minami, Gifu-City 500-8570

Telephone: **058 - 272 - XXXX**

Japanese Language: Applicable Inapplicable (Preferred Language :)

**Application for Issuance of a "Certificate of Medical Treatment"
Associated with COVID-19**

I hereby apply for the issuance of a "Certificate of Medical Treatment" associated with COVID-19.

Patient's Name	Seiryu Taro
Date of Birth	Month/ <u>XX</u> Date/ <u>XX</u> Year/ <u>XXXX</u>
Mailing Address for Certificate ※ Please provide a mailing address only if different from the applicant's address, as well as the reason.	<input type="checkbox"/> I wish to have the certificate mailed to the applicant's address. (No need to fill in the address field below.) <input checked="" type="checkbox"/> I wish to have the certificate mailed to an address different from the applicant's address. (Mailing address as written below.) X - X Kamiokamoto-machi, Takayama-City 506-8688 Reason I am currently living and working alone away from home.
Number of Copies Needed	<u>2</u> piece(s)
Time of Treatment	Around Month/ <u>July</u> Year/ <u>2022</u>

Please fill in the following as much as you know about the medical treatment for this application.

Name of the medical institution where the testing has been conducted to begin the medical treatment	<input type="checkbox"/> Medical Institution (Name:) <input checked="" type="checkbox"/> Public Health Center (Gifu City, Gifu, Seino, Seki, Kamo, Tono, Ena, <u>Hida</u>) Other ())
Hospitalization	<input type="checkbox"/> Yes (Medical Institution's Name:) <input checked="" type="checkbox"/> No
Use of accommodation facilities for treatment	<input checked="" type="checkbox"/> Yes (Name of the facility:) <input type="checkbox"/> No

※If you have been infected with COVID-19 more than once and received medical treatment, please apply for each treatment you wish to certify. For example, if you have been infected three times and need certificates for the second and third times, please fill out two application forms and mail them to the Gifu Prefecture Medical Treatment Certification Team.

Please be sure to read the following notes.

收受日	確認欄 1	確認欄 2

(For Internal Use Only)

【Notes on Application for Issuance of a "Certificate of Medical Treatment" Associated with COVID-19】

The Application for Issuance of a "Certificate of Medical Treatment" Associated with COVID-19 should be sent to the following address, enclosing a self-addressed, stamped envelope (with your mailing address written out and the necessary amount of stamps affixed).

【Address】

Medical Treatment Certification Team
Infectious Disease Prevention Promotion Division
Gifu Prefectural Government
2-1-1 Yabuta-minami, Gifu City 500-8570

* Please submit the application after the period of medical treatment has ended in order to prevent the spread of infections and to certify the exact period of medical treatment.

* In order to protect personal information, only the applicant and his or her guardians are eligible to submit an application. In case someone other than the above needs to apply, a letter of attorney (any format) must be submitted.

* It is possible to send the applications for all family members together within one envelope (one return envelope is also acceptable). However, an application form must be completed for each applicant. Also, please make sure that the amount of stamps is sufficient.

* Please note that forms of certification designated by an insurance company are unavailable.

* If you wish to receive a reply by registered mail, etc., please indicate so in the margin of the front page of the application form and affix the necessary amount of stamps to the return envelope. (If there is no such request or insufficient stamps are affixed, the reply will be sent by regular mail.)