

This form is to be used by the applicant or his/her spouse or other family member(s) living in Japan with whom the applicant shares the same livelihood that, at the time of application, is in the midst of a convalescence period of six months or longer or requires a convalescence period of six months or longer. 出願時において6ヵ月以上にわたる長期療養中の者又は療養を必要と認められる者が対象です。

Please read instructions on reverse side before completing this form. 裏面を参照して記入願います。

(Year) / (Month) / (Day)

Certificate of Medical Long-Term Care Expenses 長期療養費支出状況証明書

[TO BE COMPLETED BY STUDENT] 学生記入欄

Affiliation 所属	Kyoto University 京都大学		
Faculty/Graduate school 学部・研究科	Student No. 学籍番号	Name 氏名 (Applicant 申請者)	
This is to certify that the expenses below were incurred by the following care recipient for the stated period below. I will use this form relating to my request for (*Exemption of Admissions・Deferment of Admissions・Exemption of Tuition Fees). (* 入学科免除・入学科徴収猶予・授業料免除) の申請に係る資料として、以下の事項について証明をお願いいたします。			

[TO BE COMPLETED BY PHYSICIAN] 診療機関記入欄

NOTE: If the applicant is unable to have this form completed by medical institutions, etc., please refer to the column [For those unable to have this form completed by medical institutions, etc.] on reverse side. 診療機関で証明が取れない場合は、裏面の【診療機関で証明が受けられない場合について】を参照してください。

Name of Care Recipient 療養者氏名	Name of illness, etc 病名等	* National Health Insurance 国保 Social Insurance 社会保険 Elderly Healthcare Programs 老人保健 Others その他 ()
Convalescence Period 療養期間	Type of Health Insurance 健康保険の種類	

Statement of Medical Care Expenses 療養費記入欄

Category 区分	① Hospital Expenses 入院分	② Outpatient Treatment 外来分	③ Nursing Care Service (Self-paid) 介護サービス (自己負担分)	④ Others その他	⑤ Amount of Reimbursement (High-cost Medical Care Benefit, etc.) 補填される金額 (高額療養費等)	Differences 差引金額 ①+②+③+④ -⑤
	☆ If the applicant himself/herself fills in these sections(①~④), be sure to submit relevant receipts (or copies of the same). 本人が記入する場合、①~④は領収書の添付が必要				Space for Physician to fill in 診療機関記入欄	
(Year) /	/					
(Month) /	/					
年月	/					
	/					
	/					
	/					
	/					
	/					
	/					
	/					
	/					
Total 計						

☆ The monetary unit of this form is the Japanese yen. 単位：円
 ☆ DO NOT include hospital meal expenses, medical certificate fees and/or private room charges in hospitals, if any. 食事代・個室料・診断書料は除いて記入願います。

(VERIFICATION BY PHYSICIAN)
 上記疾病に係る療養費について証明いたします。

平成 年 月 日 診療機関名
 住 所
 医 師 名 等

印

<Notes 注意事項> 1. Please circle applicable items in the section marked with an asterisk (*) *については、該当する項目に○をつけてください。
 2. Make as many photocopies of this sheet as needed. 本用紙が複数枚必要な場合は、各自コピーしてください。

Instructions for Completing Certificate of Medical Long-Term Care Expenses [Form 3]

長期療養費支出状況証明書〔様式3〕の記入要領

If an applicant or his/her spouse or other family member(s) living in Japan with whom the applicant shares the same livelihood is in the midst of a convalescence period of six months or longer or requires a convalescence period of six months or longer at the time of application, please have this form completed by medical institutions, etc. and submit it to Kyoto University. Such form is regarded as a doctor's certificate, and it is unnecessary to submit a medical certificate from a doctor. If there are any items such as the amount of reimbursement which medical institutions do not certify, attach applicable certificates or receipts listed in the below section of "For those unable to have this form completed by medical institutions, etc."

出願時現在で6ヵ月以上にわたる期間療養中の者又は療養を必要と認められる者がいる場合、病院・施設等の診療機関に願い出て本用紙に記入してもらい、証明を受けてください。なお、証明を受けた場合は、診断書の提出は不要です。ただし、補填される金額等、診療機関で証明できない箇所が一部ある場合は、下記の【診療機関で証明が受けられない場合について】のうち該当する書類を本紙に添付してください。

【For those unable to have this form completed by medical institutions, etc.】

The applicant must complete this form and submit it with all the following certificates and receipts.

- Medical certificate from a doctor (of recent date, stating that a convalescence period of 6 months or longer is required)
- Receipts issued within the last 12 months (Please attach them onto Form 10 "Pasting Sheet for Receipts, Etc." on a monthly basis. Include only receipts for the stated illness on the reverse side.) (or copies of the same)
- Certificate of reimbursement (stating the amount of reimbursement), if the care recipient has received insurance money or reimbursement of high-cost medical care expenses, etc. (or copies of the same)

【診療機関で証明が受けられない場合について】

以下の書類をすべて添付し、申請者本人が記入してください。

- 診断書（6ヵ月以上の療養が必要であることが明記されている最近の日付のもの）
- 最近1年以内の領収書(写)（月ごとに〔様式10〕領収書等貼付台紙に貼り付けてください。なお、診断内容に関係のないものは除いてください。）
- 保険金、高額療養費等の補填される金額がある場合は、振込通知等、その金額が分かる証明書(写)

Certificate of Medical Long-Term Care Expenses
長期療養費支出状況証明書 (Example)

[TO BE COMPLETED BY STUDENT] 学生記入欄

Affiliation 所属 Kyoto University 京都大学	Student No. 学籍番号	Name 氏名 (Applicant 申請者)
Faculty/Graduate school 学部・研究科 △▲▲ Graduate school	○○△▲▲○○	Taro KYODAI

This is to certify that the expenses below were incurred by the following care recipient for the stated period below. I will use this form relating to my request for (*Exemption of Admissions - Deferment of Admissions - Exemption of Tuition Fees)
(*入学科免除・入学料徴収猶予・授業料免除)の申請に係る資料として、以下の事項について証明させていただきます。

Enter the amount of expenses paid within the last 12 months.
最近1年以内について記入してください。

[BE COMPLETED BY PHYSICIAN] 診療機関記入欄
If the applicant is unable to have this form completed by medical institutions, etc., please refer to [For those unable to have this form completed by medical institutions, etc.] on reverse side. 診療機関で証明が受けられない場合は、裏面の【診療機関で証明が受けられない場合について】をご覧ください。

Time of Care Recipient 療養者氏名 Ichiro KYODAI	Name of illness, etc. 病名等 □□△★○		
Convalescence Period 療養期間 Date of the first medical care/treatment 初診日 (Year 年) ☆ (Month 月) ★ (Day 日) △ Expected date of the last medical care/treatment 療養終了予定日 * (Year 年) / (Month 月) / (Day 日) * (Course 科) you sure that a convalescence period of 6 months will be needed) 主治科(科)にて療養が必要とする	Type of Health Insurance 健康保険の種類 National Health Insurance 国民健康保険 Social Insurance 社会保険 Elderly Treatment Programs 老人保健 Others その他 ()		
Statement of Medical Care Expenses 療養費記入欄			
Category 区分	① Hospital Expenses 入院分 ② Outpatient Treatment 外来分 ③ Nursing Care Service (Self-paid) 介護サービス (自己負担分) ④ Others その他	⑤ Amount of Reimbursement (High-cost Medical Care Benefit, etc.) 補填される金額 (高額療養費等)	Differences 差引金額 ①+②+③+④-⑤
△/4	2,000		2,000
/5	3,000		3,000
/6	2,000		2,000
/7	1,500		1,500
/8	700		700
/9	1,000		1,000
			4,000
			2,000
			3,000
			2,000
			1,800
			1,000
			24,000

- ◎ The following expenses/costs, which should be entered in Column ① through ④, shall be covered:
- a. Medical care / treatment costs paid to physicians or dentists
 - b. Expenses incurred for hospitalization at hospitals and clinics
 - c. Expenses for treatment by massage professionals, acupuncturists, moxa-cauterizers, judo therapists, etc.
 - d. Payments to nursing care workers (including charge for board)
 - e. Costs of pharmaceutical products used for treatment or convalescence under the instruction of physicians, etc.
 - f. Transportation costs for travel to hospitals and clinics (only those that are deemed absolutely necessary)
 - g. Out-of-pocket nursing care service costs incurred by those who have been recognized as requiring nursing care / assistance under the Public Nursing Care Insurance Law
- ※ Board charges, medical certificate fees, and private room charges in hospitals are nondeductible.
- ◎ Enter the amounts of reimbursement (such as insurance money and high-cost medical care expenses, etc.) in the column ⑤.

- ①～④の控除の対象となる費目は次のとおりです。
- a. 医師又は歯科医師への診療・治療費
 - b. 病院、診療所への入院費用
 - c. マッサージ師、はり師、きゅう師、柔道整復師などの治療費
 - d. 看護人に対して支払う費用（看護人に対する賄い費を含みます。）
 - e. 医師等の指示により、治療又は療養のために支出する医薬品代
 - f. 病院、診療所へ通院するために支出する交通費（必要不可欠と認められるものに限りです。）
 - g. 介護保険法により「要介護認定・要支援認定」を受けた人がそのサービスを利用した場合の自己負担額
- ※ 食事代、診断書料、個室料は控除対象になりません。
- ◎⑤については、保険金、高額療養費等補填される金額を記入してください。

Prints of any 任意の欄・備考欄・診断書料は貼って記入願います。

△▲□○★病院
★○△市○○11-1
□△○●□□ (印)

※については、該当する項目に○をつけてください。
必要な場合は、各自コピーしてください。