

Those who qualified for the deduction includes the applicant and family member(s) living with him/her in Japan who, 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 the reverse before filling out 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. 学生番号	Name 氏名 (Applicant 申請者)
This is to certify that the expenses below were incurred by the following care recipient for the period stated below. I will use this form as part of application for (*Admission fee Exemption・Admission fee Deferment・Tuition Exemption). (* 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 the reverse.
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					
Convalescence Period 療養期間	• Date of initial visit/ 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) • Uncertain (but convalescence period of 6 months or longer will be needed) 未定(6ヵ月以上の療養を必要とする)				Type of Health Insurance 健康保険の種類	* National Health Insurance 国保 Social Insurance 社会保険 Elderly Healthcare Programs 老人保健 Others その他 ()	
Statement of Medical Care Expenses 療養費記入欄							
Category 区分	① Hospitalization Costs 入院分	② Outpatient Costs 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 (copies are acceptable). 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	Space for Applicant to fill in ☆If the applicant fills in this section(⑤), be sure to submit relevant notice(s), etc. (copies are acceptable). 本人記入欄 通知書等の添付が必要	
(Year) / (Month) 年月	/						
	/						
	/						
	/						
	/						
	/						
	/						
	/						
	/						
	/						
	/						
	/						
Total 計							

☆ The unit of currency in this form is Japanese yen. 単位：円
☆ DO NOT include hospital meal expenses, private room charges in hospitals and/or medical certificate fees, 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。
令和 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。

長期療養費支出状況証明書〔様式6〕の記入要領

出願時現在で6か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ひ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。

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

- **Medical certificate from a doctor** (issued within 6 months, stating that the medical treatment of 6 months or longer is needed)
- **Receipts issued within 12 months** (copies are acceptable) (Please attach them to Form 11 “Pasting Sheet for Receipts, Etc.” by month. Exclude receipts that are irrelevant to the illness certified in the form.)
- **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. (copies are acceptable)

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直近 6 ヶ月以内発行のもの）
- 最近 1 年以内の領収書（写）（月ごとに「様式 1-1」各種貼り付け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）

Reimbursement
 ※Total
 yen

Staple
them p
month

May
 ※Total
 yen

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。

[1st semester] From last April to March this year
[2nd semester] From last October to September this year
前期: 昨年の4月から今年の3月 もしくは
後期: 昨年の10月から今年の9月

(Example)

[TO BE COMPLETED BY STUDENT] 学生記入欄 (Example)

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 Fee".
 (* 入学料免除・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する必要があります。

[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 [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		Ichiro KYODAI		Name of illness, etc. 病名等		□□△★○	
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) I assure you that a convalescence period of 6 months will be needed! 未定(6ヵ月以上の療養を必要とする)		Type of Health Insurance 健康保険の種類		* National Health Insurance 国保 Social Insurance 社会保険 Elderly residents' 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 入院費	② Outpatient Treatment 外来費	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 Benc, 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 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 Applicant to fill in ☆If the applicant fills in this section(⑤), be sure to submit relevant notice(s), etc. (or copies of the same). 本人記入欄		
△/4	2,000						2,000
△/5	3,000						3,000
△/6	2,000						2,000
※Total of each month							

※Total of each month

＜対象となる費目＞

- (Applicable items)
- ① Hospitalization Costs
 - Expenses incurred for hospitalization at hospitals and clinics
 - ② Outpatient Costs
 - Medical care / treatment costs paid to physicians or dentists
 - Expenses for treatment by massage professionals, acupuncturists, moxibustion practitioner, judo therapists, etc. (Except treatments not covered by insurance)
 - ③ Nursing Care Service
 - Nursing care service costs incurred by those who have been recognized as requiring long-term care / support under the Long Term Care Insurance System
 - Payments to nursing care workers (including charge for board)
 - ④ Others
 - Costs of pharmaceutical products used for treatment or recuperation by physician's order, etc.
 - Costs of travelling to hospitals and clinics (only those that are deemed absolutely necessary)

※Board charges, medical certificate fees, and private room charges in hospitals are excluded.

- ①入院分
・病院、診療所への入院費用
- ②外来分
・医師又は歯科医師への診療・治療費
・マッサージ師、はり師、きゅう師、柔道整復師などの治療費（保険適用外の場合は除く）
- ③介護サービス
・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
・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。）
- ④その他
・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
・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ます。）

※ 食事代、診断書料、個室料は対象外

- ⑤Insurance money and high-cost medical care expenses, etc.
 ・ The amount of reimbursement for ①～④

⑤保険金、高額療養費等
・①～④に対して補填されるもの

※Total of a year

※If the total amount is less than ¥100,000, the medical long-term care deduction is not applicable. (However, expenses incurred at other medical institutions can be included as long as they are paid for the illness in question.)