[Form 6]

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 stated period below. I will use this form relating to my request for (*Admission fee Exemption・Admission fee Deferment・Tuition Exemption).
（* 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	
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) ・Unsure (but sure that a 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 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	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 通知書等の添付が必要	
(Year) / (Month) 年月	/							
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Total 計								

☆ The monetary unit of this form is the 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。

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。