

Applications from Overseas for the Authorization of Atomic Bomb Diseases

Atomic bomb survivors (this refers to persons who have received the issuance of Atomic Bomb Survivor's Certificate) living abroad are able to apply for the authorization of atomic bomb disease without visiting Japan, effective on April 1, 2010. Details are as follows.

1 Submit the application

At the Japanese Embassy or the Consulate General in charge of his or her residential area, applications should be submitted (In Taiwan, applications are submitted at the Interchange Association Japan. These institutions will be hereafter referred to as "Japanese Consulate, etc.")

Submission of an application, in principle, should be made in person at the Japanese Consulate, etc. due to identification reasons. Under special conditions, a proxy is allowed to submit an application. (An application by mail will not be accepted.)

2 Documents required for application etc.

To make an application, the Application Form for Authorization, written opinion by a physician, test report concerning the injury/disease to be authorized, and other documents are required. Such documents are listed in page 3.

3 About the review

The Japanese Consulate, etc. confirms the identity of the applying person, any omissions in the documents etc.

The duly submitted application will be forwarded to the Ministry of Health, Labour and Welfare.

The Ministry in turn conducts a review whether the authorization of atomic bomb disease is applicable, through consultation with the relevant experts. (See page 22 for guideline for the review.)

In the review process, inquiry may be made with the applying person, or additional documents may be requested concerning the relevant injury/disease.

4 Application for Special Medical Care Allowance

Once atomic bomb disease is authorized, Special Medical Care Allowance of 137,430 yen is paid monthly from the Governor of Prefecture or Mayor of Hiroshima or Nagasaki City.

In order to receive this allowance, application for Special Medical Care Allowance should be submitted to the Governor of Prefecture or Mayor of Hiroshima or Nagasaki City, together with the application for the authorization of atomic bomb disease, submitted to the Minister of Health, Labour and Welfare.

The application for Special Medical Care Allowance is also accepted at the Japanese Consulate, etc.

Please submit the relevant application together with the application for the authorization of atomic bomb disease.

Documents required for this application are listed in page 3.

5 Inquiries

For clarification or further information, please inquire at the Japanese Consulate, etc. in your country/region of residence, or the Ministry of Health, Labour and Welfare.

A-Bomb Survivor Support Office, General Affairs Division, Health Service Bureau,
Ministry of Health, Labour and Welfare

Tel: 81-3-5253-1111

Fax: 81-3-3502-3090

E-mail: absengo@mhlw.go.jp

Ministry of Health, Labour and Welfare

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1 Authorization of Atomic Bomb Disease

Atomic bomb survivors are eligible to receive authorization by the Minister of Health, Labour and Welfare, of diseases and injuries caused by radiation from atomic bomb.

The Minister of Health, Labour and Welfare authorizes an applied disease or injury, if it was caused by the damage of atomic bomb, and requires medical treatment at this point. This determination requires expert knowledge, and review takes place at a review board of experts.

In March 2008, the review board of experts formulated the New Review Policy, which expresses the concepts of review. Since April 2008, review has been based on this Policy (page 22).

Once atomic bomb disease is authorized, Special Medical Care Allowance of 137,430 yen is paid monthly. In order to receive this allowance, application for Special Medical Care Allowance should be submitted to the relevant Prefecture or Hiroshima or Nagasaki City, together with the application for the authorization of atomic bomb disease.

Please submit the relevant application together with required documents for the authorization of atomic bomb disease, to the Japanese Consulate etc.

2 Procedures for receiving the authorization

- (1) In order to apply for the authorization of atomic bomb disease, and/or for Special Medical Care Allowance, please prepare application documents, and visit the Japanese Consulate etc. in charge of his or her residential area. (See page 3 for explanation on application documents.)

* Submission of an application, in principle, should be made in person at the Japanese Consulate, etc. due to identification reasons. Under special conditions, a proxy is allowed to submit an application. (Please note that an application by mail will not be accepted.)

- (2) The Japanese Consulate etc. in charge of his or her residential area confirms the submitted application documents, as to identity of the applying person, any omissions in the documents etc. Subsequently, the Japanese Consulate etc. forwards application for the authorization of atomic bomb disease to the Ministry of Health, Labour and Welfare

by way of the relevant Prefecture or Hiroshima or Nagasaki City; and application for the authorization of Special Medical Care Allowance to the relevant Prefecture or Hiroshima or Nagasaki City; where respective review takes place.

In the review process, inquiry may be made with the applying person, or requests may be made for the submission of test certificates etc. issued by the physician in charge or any medical institution that has treated the applying person.

Such inquiries and/or requests for additional documents are important, and require correct replies.

- (3) Application for the authorization of atomic bomb disease is reviewed by the Ministry of Health, Labour and Welfare. Information, such as how far the applying person was from the ground zero at the time of atomic bombing, is extremely important. (A review considers where the applying person was at the point of atomic bombing, and when and where he or she entered the city, as authorized by the relevant Prefecture or Hiroshima or Nagasaki City in the issuance of the Atomic Bomb Survivor's Certificate.)

Therefore, the Ministry of Health, Labour and Welfare may request the relevant Prefecture or Hiroshima or Nagasaki City to forward the past application that the applying person filed for the issuance of his or her Atomic Bomb Survivor's Certificate, as reference for the review.

- (4) A review for the authorization of atomic bomb disease, undertaken by the Ministry of Health, Labour and Welfare, takes some time because it requires input from experts.

Once atomic bomb-related injury/disease is authorized, Special Medical Care Allowance is paid retroactive to the month following the month to which the date of application belongs, and onwards. Therefore, time spent for review does not affect the amount of Special Medical Care Allowance that will be paid. If the applicant is already receiving the Health Management Allowance, he or she will receive the difference between the paid Health Management Allowance and the Special Medical Care Allowance.

(Example)

- If an application was filed in April 2010, for the authorization of atomic bomb disease and Special Medical Care Allowance,
- Once atomic bomb-related injury/disease is authorized after review time, Special Medical Care Allowance will be paid retroactive to May 2010 and onwards.

3 Details of application documents

For application, documents for identification of the applying person, for application for the authorization of atomic bomb disease, and for application for the authorization of Special Medical Care Allowance, must be submitted.

[Note] Addressing of application documents

- Application for the authorization of atomic bomb disease should be addressed to the Minister of Health, Labour and Welfare.
- Application for the authorization of Special Medical Care Allowance should be addressed:
 - If the applying person is receiving the payment of the Health Management Allowance etc.,
 - To the Governor of the relevant Prefecture or Mayor of Hiroshima or Nagasaki City, from whom he or she is receiving that payment; and
 - If the applying person is not receiving such payment,
 - To the Governor of the relevant Prefecture or Mayor of Hiroshima or Nagasaki City, from whom he or she has received the issuance of the Atomic Bomb Survivor's Certificate.
 - * If the applying person owns more than one Atomic Bomb Survivor's Certificates, address present application to the Governor of the relevant Prefecture or Mayor of Hiroshima or Nagasaki City from whom he or she received the last issuance.

Necessary documents for applying for the authorization of atomic bomb disease and Special Medical Care Allowance

[Documents for verifying identity]

- (1) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identify can be verified (original) and duplicates (two copies)

Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, resident registration, etc.

Or other document that can verify applicant's identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)

Example) A copy of family register, an extract of family register, certificate by a notary public, resident permit, residence certificate, etc.

- (2) In the case where the personal identification document cannot prove applicant's current address, a document that proves applicant's current address (one copy) and its duplicate (one copy)

Example) Invoice (or receipt) for public services, an item of mail addressed to the applicant, residence certificate, transcript of resident registration, etc.

[In the case where a proxy lodges the application]

In addition to the documents specified in (2) above, the following will be required.

- a) Explanation by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in (1) above
- d) For the applicant, documentation that can verify identity, such as an certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)

* In principle, please write a) and b) in either Japanese or English.

[Application documents concerning atomic bomb disease]

- (3) Application for authorization (one copy) and its duplicate (one copy)

- (4) Physician's statement (one copy) and its duplicate (one copy)

(* If the applying person applies for more than one disease/injury, and submits physician's statements from more than one medical institution, submit one original and one copy for each of them.)

- (5) Duplicate of test certificate etc. (one copy)

Please note that the original or vivid duplicate may be required in some cases, such as photo of eyeball in the case of cataract, CT image etc. Required documents vary by the type of disease/injury. Please show the physician specifications listed on page 12, and request a set of required documents.

* In principle, please write (3) in Japanese. The name of the applying person and present address may be written in a local language.

* In principle, please write (4) and (5) in either Japanese or English.

* For (3), (4) and/or (5), application may be filed in a local language, if it is difficult to write in Japanese or English. Please note in advance that, in such cases, the Ministry of Health, Labour and Welfare will be required to have the application translated, based on

which review will take place. This may result in longer review time than usual, and/or insufficient understanding of the intention of the applying person.

[Application documents for Special Medical Care Allowance]

- (6) Application Form for the authorization of Special Medical Care Allowance (filled out, one copy) and its duplicate (one copy)
 - * If this application is filed together with application for the authorization of atomic bomb disease, please leave vacant the fields "Authorization on Article 11, Section 1 of the Law", "Name of the injury or disease", "Authorization No." and "Date of authorization" in the application form.
 - * If this application is filed together with application for the authorization of atomic bomb disease, physician's Medical Certificate may be omitted.
- (7) Atomic Bomb Survivor's Certificate (original), as well as the duplicates of the pages on which the name, residence, etc. are stated (two copies).
- (8) Application Form for Direct Bank Transfer (a direct deposit authorization form for the applicant's account) (one copy) and its duplicate (one copy)
 - * To be filled out in block letters (in English)
- (9) Bank book for the recipient's own bank account (original) and its duplicates (two copies), or a certificate of bank account (one copy) and its duplicate (one copy)

[How to obtain the forms for application]

Please obtain the forms from the Japanese Consulate, etc. in your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare (<http://www.mhlw.go.jp/bunya/kenkou/genbaku.html>).

4 Notification of the require results

If the Ministry of Health, Labour and Welfare authorizes the applied atomic bomb-related injury/disease through the review process, the applying person will receive the Certificate of Atomic Bomb Disease, and the Certificate of Special Medical Care Allowance.

If the applied atomic bomb-related injury/disease is not authorized through the review process, the applying person will be notified thereof.

5 Points of notice following the authorization of atomic bomb disease

A person who has received the authorization of atomic bomb disease, and is receiving the payment of Special Medical Care Allowance, must file various required reports. The person is also required to return the Certificate of Atomic Bomb Disease, and the Certificate of Special Medical Care Allowance, if the authorized disease or injury has been cured etc. Once the certificates are returned, the payment of Special Medical Care Allowance

will be terminated.

- (1) If the authorized disease or injury has been cured, or if the relevant person has died
- If the authorized disease or injury has been cured, or if the relevant person has died, the payment of Special Medical Care Allowance will be terminated in the month following the month to which the relevant date belongs.
 - If the authorized disease or injury has been cured, the person can receive monthly Special Allowance (50,750 yen), in place of Special Medical Care Allowance.
 - Specified procedures must be followed for the return of the Certificate of Atomic Bomb Disease, and the Certificate of Special Medical Care Allowance, for reporting the person's death, etc. Please contact the relevant Prefecture or Hiroshima or Nagasaki City, from which the person has received Special Medical Care Allowance, and followed the specified procedures.
- * If allowance has been received continuously in the months following the month to which the relevant date belongs, despite the cure of the authorized disease or injury or the death of the relevant person, repayment of such allowance will be required.
- Please ensure to report the death of the person who has received allowance, and apply for the payment of Funeral Assistance.

- (2) A person who is receiving Special Medical Care Allowance is required to fulfill the following reports.

[Present status report]

Between May 1 and May 31 of every year, please submit the report indicating the name, residence and Allowance Certificate No. of the person, to the Governor of the relevant Prefecture or Mayor of Hiroshima or Nagasaki City, from whom he or she is receiving allowance. Please submit at the same time a document that can verify the person's identity, issued by a governmental body.

For detailed procedures, please contact the relevant Prefecture or Hiroshima or Nagasaki City, from which he or she is receiving allowance.

- * Reporting is not required in the year to which May 31 belongs, which comes within one year from the date when any of the following

application or report was filed.

- Application for Special Medical Care Allowance and/or Atomic Bomb Microcephaly Allowance
- Health status report of receiver of Special Medical Care Allowance
- Report of name change
- Report of residence change
- Report of residence change to Japan
- Report of residence change to outside Japan

[Health status report]

In every third year from the date of application, between May 1 and May 31 of the year to which the third anniversary of application belongs, please submit the report indicating the name, date of birth, sex, residence, Allowance Certificate No. of the person, and the name of disease or injury authorized by the Minister of Health, Labour and Welfare, to the Governor of the relevant Prefecture or Mayor of Hiroshima or Nagasaki City, from whom he or she is receiving allowance. Please submit at the same time the relevant Medical Certificate.

For detailed procedures, please contact the relevant Prefecture or Hiroshima or Nagasaki City, from which he or she is receiving allowance.

Please ensure to fulfill the present status reporting and health status reporting requirements, because negligence of submission without due reason leads to the suspension of allowance payment.

Application Form

Name		Sex	Date of birth
Address			
Phone number		No. of the Atomic Bomb Survivor's certificates	
Name of injury or disease			
situation of atomic bomb survival ^{#1}			
simptoms ^{#2}			

I hereby apply for the under the 1st clause of Article 11 of the law Concerning the Relief to Atomic Bomb Survivors.

Date: / / (DD/MM/YY)

Name:

Seal or signature:

To Minister of Health, Labour and Welfare

#1 Please fill comments in the blank, situation of atomic bomb survival. including situation of atomic bomb survivor due to entering Hiroshima or Nagasaki City.

#2 Please fill comments in the blank, simptoms experienced after atomic bombing.

Medical Opinion

Date: / / (DD/MM/YY)

Name		Date of Birth
Name of injury or disease		No. of the Atomic Bomb Survivor's certificates
medical history		
present findings ^{#1}		
reason and the opinion ^{#2}		
Content and duration of medical need	content	duration of medical need

Name of medical institution:

Address:

Name of physician in charge:

signature:

#1 Please fill coments that shows the status of the injury or disease.

#2 If you can describe, fill coments the reason and the opinion of the physicians regarding radiation-induced atomic bomb on the injury or disease. It is possible without the reason, when the reason cannot be described.

Example of the Application Form for Authorization

Application Form			
Name	XX YY	Sex Male	Date of birth October 1, 1927
Address			
Phone number	012 345 6789	No. of the Atomic Bomb Survivor's certificates 9876543	
Name of injury or disease	Stomach cancer		
situation of atomic bomb survival ^{#1}	On August 6, I was at the ZZ factory in AA town, five kilometers away from the ground zero in Hiroshima. My brother went missing, so I went into Hiroshima City to search for him on the following day. I left our home in AA town at 8:00, arrived near the Yokokawa Station at around 9:00, and went through Tokaichi-machi, Tenma-machi and Fukushima-machi, and went to Iki....		
symptoms ^{#2}	I had no acute symptoms immediately following atomic bombing. At around 35 years old: TB Since 1976: anemia 1982: stomach ulcer 1990: cataract 1995: hypertensive 2001: liver function disorder 2008: stomach cancer		
I hereby apply for the under the 1st clause of Article 11 of the law Concerning the Relief to Atomic Bomb Survivors.			
Date: / / (DD/MM/YY)			
Name:		Seal or signature:	
To Minister of Health, Labour and Welfare			

Please enter your present residence, as indicated in your ID etc.

Please enter the same disease name as indicated in the physician's written statement.

Please provide specific information as far as possible, as to what you were doing at the point of atomic bombing, subsequent behaviors, and the time of entry into the city if you entered subsequently, how long you stayed in the city, routes in which you traveled within the city etc. If the space is too small, please continue in and attach a separate sheet.

If you had acute symptoms shortly after atomic bombing, please describe them. Please describe your health status from atomic bombing to date, and any disease you have suffered.

#1 Please fill comments in the blank, situation of atomic bomb survival, including situation of atomic bomb survivor due to entering Hiroshima or Nagasaki City.

#2 Please fill comments in the blank, symptoms experienced after atomic bombing.

Example of the Physician's Written Statement

Medical Opinion

Date: / / (DD/MM/YY)

Name	XX YY	Date of Birth October 1, 1927
Name of injury or disease	Stomach cancer	No. of the Atomic Bomb Survivor's certificates 9878543
medical history	Liver function disorder Anemia	
present findings ^{#1}	The applicant underwent gastrectomy at our hospital on March 12, 2008. At present, follow up is provided as outpatient once a three months.	
reason and the opinion ^{#2}		
Content and duration of medical need	content Follow up, five years	duration of medical need

Please enter the same disease name as indicated in the Application for Authorization.

Please indicate diseases that the applying person has suffered.

Please describe the process of applied disease from its onset to date, and treatments that have been provided.

Please enter any characteristics that result from radiation, pertaining to the applied disease. (The field may be left vacant if unknown.)

Please describe planned treatments and their schedules.

Name of medical institution:

Address:

Name of physician in charge:

signature:

#1 Please fill comments that shows the status of the injury or disease.

#2 If you can describe, fill comments the reason and the opinion of the physicians regarding radiation-induced atomic bomb on the injury or disease. It is possible without the reason, when the reason cannot be described.

To those who apply for (medical) certification

For facilitating the screening process, please consult your doctor with the list of necessary documents.

Please note that the lists are typical case of each disease, so sometimes we need to require additional documents.

Thank you for your understanding and cooperation.

To the patient's doctor

The necessary medical documents are depend on the patients' disease, so please read carefully the following list of documents (copy of original) required.

For rapid screening , we are very grateful if you could submit the papers in English or Japanese as possible. Thank you for your cooperation.

"Esophageal Cancer" "Stomach Cancer" "Colorectal Cancer"

Documents necessary for the assessment of disease when you apply

- ① pathological examination report
- ② endoscopic reports, etc.
- ③ diagnostic imaging reports
- ④ specific treatment for the disease in question
- ⑤ report on the findings of surgery

"Breast Cancer"

Documents necessary for the assessment of disease when you apply

- ① pathological examination report
- ② Imaging reports
- ③ specific treatment for the disease in question
- ④ report on the findings of surgery

"Ovarian cancer" "cancer of urinary tract or bladder" Documents necessary for

the assessment of disease when you apply

- ① pathological examination report
- ② Imaging reports
- ③ tumor markers and other inspection reports on the disease in question
- ④ specific treatment for the disease in question
- ⑤ report on the findings of surgery

"Thyroid cancer"

Documents necessary for the assessment of disease when you apply

- ① pathological(or cytological) examination report
- ② Imaging reports
- ③ tumor markers, thyroid hormones and other inspection reports on the disease in question
- ④ specific treatment for the disease in question
- ⑤ report on the findings of surgery

"Lung cancer"

Documents necessary for the assessment of disease when you apply

- ① pathological (or cytological) examination report
- ② Imaging reports
- ③ endoscopic reports, etc.
- ④ tumor markers and other inspection reports on the disease in question
- ⑤ specific treatment for the disease in question
- ⑥ report on the findings of surgery
- ⑦ information about the risk factors or whatever that may affect the incidence of the disease in question.

eg)smoking history, occupational history

"Liver cancer"

Documents necessary for the assessment of disease when you apply

- ① pathological examination
- ② Imaging reports
- ③ tumor markers certificate reporting of hepatitis virus markers and other inspection reports on the disease in question
- ④ specific treatment for the disease in question
- ⑤ report on the findings of surgery

information about the risk factors or whatever that may affect the incidence of the disease in question.

eg) life history, transfusion history

"Skin cancer"

Documents necessary for the assessment of disease when you apply.

- ① pathological examination report
- ② specific treatment for the disease in question
- ③ report on the findings of surgery

"Cancer of the above except "Documents necessary for the assessment of disease when you apply.

- ① pathological (or cytological) examination report
- ② tumor markers and other inspection reports on the disease in question
- ③ diagnostic imaging reports
- ④ specific treatment for the disease in question

"Leukemia" Documents necessary for the assessment of disease when you apply .

- ① report of the myelogram
- ② reports of the special staining tests, cell-surface plasma test and other inspection
- ③ specific treatment for the disease in question
※ in case applying for multiple myeloma, following information are also necessary doctor's opinion and its basis (inspection reports) for staging inspection reports which prove the presence of M-protein

"hyperparathyroidism (primary)

Documents necessary for the assessment of disease when you apply

- ① clinical features
- ② inspection reports of such disease that may relevant on hyperparathyroidism eg)Osteoporosis, urinary lithiasis
- ③ inspection reports which contain as follows
-PTH (intact PTH values are desirable)
-follow up data for serum Ca and P
- ④ inspection reports which prove it is not secondary hyperparathyroidism.

(which should contain as follows:

BUN, renal function tests and other reports of creatinine

- ⑤ imaging report specific treatment for the disease in question
- ⑥ specific treatment for the disease in question
- ⑦ if the operation was already performed, following information are necessary.
 - pathological report
 - inspection reports which show postoperative PTH, Ca and P

"Radiation-induced cataract"

Documents necessary for the assessment of disease when you apply

(Please submit not the copy but the original about the photograph.)

- ① vision test results which contain as follows
 - Current uncorrected vision
 - corrected visual acuity
 - refractive index etc
- ② photos of slit-lamp microscopy
(especially if there is PSCO, please focus on there)
please make sure to take the photos under the condition of mydriasis)
- ③ inspection report which reveal the findings of fundus (please make sure to take the photos under the condition of mydriasis)
- ④ information about the risk factors or whatever that may affect the incidence of the disease in question.
eg) diabetes, hyperparathyroidism, history of treatment of such long-term administration of steroids
- ⑤ If the operation was already performed, please make sure to hand in the preoperative data for ①, ② and ③.
- ⑥ a copy of the medical records of the initial diagnosis/visit
- ⑦ a copy of medical records when applying

"radiation-induced myocardial infarction"

Documents necessary for the assessment of disease when you apply

- ① EKG report
- ② troponin, CK-MB, BNP blood test report, etc.
- ③ coronary angiography, LV angiography report
- ④ report and diagnostic imaging (chest X-ray, cardiac ultrasound, etc.)
- ⑤ report of cardiac function tests (perfusion imaging, stress electrocardiogram,

etc.)

- ⑥ coronary artery bypass surgery, report on findings during surgery for percutaneous coronary angioplasty
- ⑦ materials to reveal the presence of coronary risk factors (summary care, such as using a copy of the summary hospitalization)
- ⑧ treatment history and other details of the diseases mentioned in ⑦.
- ⑨ specific treatment for the disease in question
(With the list of drugs)

"radiation-induced hypothyroidism "

Documents necessary for the assessment of disease when you apply

- ① thyroid hormone treatment tests
(At least TSH, T3, T4) results
- ② drugs and dosages used to treat the disease in question
(Not the number of tablet, but the amount per day(μ g/day))
- ③ anti-microsome antibody test results
- ④ anti-thyroglobulin antibody test results
- ⑤ thyroid hormone test results before starting treatment
- ⑥ thyroid sonogram results
- ⑦ (if the operation was already performed) report on the findings of surgery

"Chronic hepatitis with cirrhosis found that radiation-induced"

Documents necessary for the assessment of disease when you apply

- ① laboratory findings on the disease concerned
 - 1) Information which reveal the causes of the disease in question.
 - Viral marker testing report
 - γ -globulin (or IgG) values, autoantibodies (antinuclear antibody, and smooth muscle antibodies)
 - other laboratory tests
 - 2) data which provide diagnosis of the disease in question.
 - follow up data of liver function tests (GOT / GPT / Alb / γ -GTP, etc.) and other reports
 - Diagnostic imaging (ultrasound, CT, etc.) and other reports
 - Pathological examination report

- ② specific treatment for the disease in question
(please make sure to hand in the objective proofs, such as a copy of medical record and prescription.)
- ③ documents which shows the details of past history
eg)Diabetes, hyperlipidemia
- ④ family history, material and evidence of infection and to estimate the time of infection and transfusion history
- ⑤ Information about drinking history
(please make sure to hand in a copy of medical data which shows the amount of alcohol per day (or week),
- ⑥ BMI (height, weight)

"All other diseases"

Documents necessary for the assessment of disease when you apply

- ① basis and diagnosis of the disease in question
(such as inspection, report on the results of other tests or diagnostic imaging)
- ② specific treatment for the disease in question

New Approval Policy

I. Determination of radiation attributability

1. Conditions for prompt certification

- ① Those exposed within about 3.5km from hypocenter
- ② Those entering area within about 2km from hypocenter up to about 100 hrs after bombing
- ③ Those staying in area within about 2km from hypocenter for at least about 1 wk during the period roughly between 100 hrs and 2 wks after bombing

When such people are afflicted with any of the following 5 diseases, certification shall be granted promptly.

- Malignant tumor (solid cancers, etc.)
- Leukemia
- Hyperparathyroidism
- Radiation cataract (excluding age-related cataract)
- Myocardial infarction attributable to radiation
- Hypothyroidism attributable to radiation
- Chronic Hepatitis, Cirrhosis attributable to radiation

2. Comprehensive determination

In the case of applications that do not satisfy the "prompt certification conditions,"



Attributability shall be determined on a comprehensive basis.

(Dose, health history, environmental factors, life history, etc. of applicants will be taken into account comprehensively.)

Added since 2009

II. Determination on need for medical care

(Determination shall be made for each individual based on the status of applicable diseases.)

(Face side)

Date of submission: ____ / ____ / (DD/MM/YY)

Application Form for

- | |
|---|
| <ol style="list-style-type: none"> 1. Health Management Allowance 2. Health Allowance 3. Health Allowance (for Revision of the amount) 4. Special Medical Care Allowance 5. Special Allowance 6. Atomic Bomb Microcephaly Allowance |
|---|

To Governor (or Mayor) of _____

Name	(Seal)	Date of birth		Sex
		/ / (DD/MM/YY)		male / female
Residence as printed on certificate		Last issued A-bomb survivor's certificate	(Name of prefecture or city) Please state whether you are:	
			A-bomb survivor's certificate number	
Present residence	Address			
	Telephone number			
In receipt of Health Management Allowance	yes / no	In receipt of Health Allowance	yes / no	
In receipt of Special Medical Care Allowance	yes / no	In receipt of Special Allowance	yes / no	
In receipt of Atomic bomb Microcephaly Allowance	yes / no			
Health Management Allowance	About disease accompanied by disorder as described in clause 1 of Article 27 of the Law	Name of disorder	1 Hematopoietic dysfunction	7 Renal dysfunction
			2 Liver dysfunction	8 Visual dysfunction due to lens opacity
			3 Dysfunction of cellular proliferation	9 Resoiratory dysfunction
			4 Endocrine dysfunction	10 Motor dysfunction
			5 Cerebrovascular disorder	11 Digestive tract dysfunction due to ulceration
			6 Cardiovascular dysfunction	
		Name of disease (A)		
	Attached document	Medical Certificate for disease entered above (A)		
Health Allowance	A-bomb survivor's certificate number			
	Item of clause 3 of Article 28 of the law that applies to you (if any)	1 Physically handicapped person		
	Attached papers	2 Person aged over 70 years old living alone with no spouse, children and grandchildren		
1. Medical certificate for physical disorder if marked 1 above 2. Following certificates if marked 2 above (1) Certificate issued by official agency in your country to certify that you have no spouse, child or grandchildren (2) Certificate to certify that you live alone 3. Certificate to certify that you were within 2km from the center of the explosion (If you don't have such a certificate please attach a statement that you were within 2km from the center of the explosion.)				

(Reverse side)

Special Medical Care Allowance/ Special Allowance/ Atomic Bomb Microcephaly Allowance	Authorized by the 1st clause of Article 11 of the law?			yes / no
	Name of injury or disease, number and date of authorization about the 1st clause of Article 11 of the law	Name of injury or disease (B)	Number of authorization	Date of authorization / / (DD/MM/YY)
	Status of injury or disease above (B)		as attached medical certificate	
	Attached papers	1. Special Medical Care Allowance Medical certificate for injury or disease entered above (B) 2. A-bomb Microcephaly Allowance Medical certificate Note: a medical certificate is unnecessary when the injury or disease entered in B above is microcephaly or short distance early prenatal A-bomb radiation syndrome.		
Remarks:				

Notes

1. Regarding "Name" and "Residence as printed on certificate", please write in the same language as used in the A-bomb survivor's certificate.
2. Regarding "Name of disease" and "Name of injury or disease", please write in Japanese or English.
3. Regarding Name, please fill in name and seal, or signature.

○ Please do not write below.

(For office use)

Date of receipt	_____ / _____ / _____ (DD/MM/YY)
Name of office	Embassy/ Consulate-General of Japan in _____
Name of person in charge	_____

Example of the Application Form for the Authorization of Special Medical Care Allowance

様式第 17 号

(Face side)
Date of submission: 0 / 0 / 0 (DD/MM/YY)

- Application Form for
- 1 Health Management Allowance
 - 2 Health Allowance
 - 3 Health Allowance (for Revision of the amount)
 - ④ Special Medical Care Allowance
 - 5 Special Allowance
 - 6 Atomic Bomb Microcephaly Allowance

To Governor (or Mayor) of 0000

Circle "Special Medical Care Allowance".

Fill the prefecture or city that issued your Atomic Bomb Survivor's Certificate.

Name	Taro Kosei	Date of birth	Sex	
	(Seal)	00/ 00/ 00 (DD/MM/YY)	male female	
Residence as printed on certificate	xx go. yy ban, zz chome, aa cho. bb shi	Last issued A-bomb survivor's certificate	(Name of prefecture or city) Please state whether you are: A-bomb survivor's certificate number	
Present residence	Address: 1234 Koseri Street, San Francisco, CA 94000, USA Tel: 012 345 6789 Telephone number			
In receipt of Health Management Allowance	yes / <input checked="" type="radio"/> no	In receipt of Health Allowance	yes / <input checked="" type="radio"/> no	
In receipt of Special Medical Care Allowance	yes / <input checked="" type="radio"/> no	In receipt of Special Allowance	yes / <input checked="" type="radio"/> no	
In receipt of Atomic bomb Microcephaly Allowance	yes / <input checked="" type="radio"/> no			
Health Management Allowance	About disease accompanied by disorder as described in clause 1 of Article 27 of the Law	Name of disorder	1 Hematopoietic dysfunction	7 Renal dysfunction
			2 Liver dysfunction	8 Visual dysfunction due to lens opacity
			3 Dysfunction of cellular proliferation	9 Respiratory dysfunction
			4 Endocrine dysfunction	10 Motor dysfunction
			5 Cerebrovascular disorder	11 Digestive tract dysfunction due to ulceration
			6 Cardiovascular dysfunction	
	Attached document	Name of disease (A)	Medical Certificate for disease entered above (A)	
	A-bomb survivor's certificate number			
Health Allowance	Item of clause 3 of Article 26 of the law that applies to you (if any)	1 Physically handicapped person		
		2 Person aged over 70 years old living alone with no spouse, children and grandchildren		
	Attached papers	1 Medical certificate for physical disorder if marked 1 above 2 Following certificates if marked 2 above (1) Certificate issued by official agency in your country to certify that you have no spouse, child or grandchildren (2) Certificate to certify that you live alone 3 Certificate to certify that you were within 2km from the center of the explosion (If you don't have such a certificate please attach a statement that you were within 2km from the center of the explosion.)		

Confirm the entered information with your Atomic Bomb Survivor's Certificate.

Signature may replace seal.

Confirm the entered information with your ID etc.

If you have not received the allowance, circle "No" for all the items.

(Reverse side)

Special Medical Care Allowance/ Special Allowance/ Atomic Bomb Microcephaly Allowance	Authorized by the 1st clause of Article 1 of the law?			yes / no
	Name of injury or disease, number and date of authorization about the 1st clause of Article 1 of the law	Name of injury or disease (B)	Number of authorization	Date of authorization / / (DD/MM/YY)
	Status of injury or disease above (B)	as attached medical certificate		
	Attached papers	1. Special Medical Care Allowance Medical certificate for injury or disease entered above (B) 2. A-bomb Microcephaly Allowance Medical certificate Note: a medical certificate is unnecessary when the injury or disease entered in B above is microcephaly or short distance early prenatal A-bomb radiation syndrome.		
Remarks				

Leave these items blank, if the application is submitted together with the application for the authorization of atomic bomb disease.

Medical Certificate may be omitted if the application is submitted together with the application for the authorization of atomic bomb disease.

Notes

1. Regarding "Name" and "Residence as printed on certificate", please write in the same language as used in the A-bomb survivor's certificate.
2. Regarding "Name of disease" and "Name of injury or disease", please write in Japanese or English.
3. Regarding Name, please fill in name and seal, or signature.

○ Please do not write below.

(For office use)

Date of receipt	_____ / _____ / _____ (DD/MM/YY)
Name of office	Embassy/ Consulate-General of Japan in _____
Name of person in charge	_____

Application Form for Direct Bank Transfer

Date: ____ / ____ / ____ (DD/MM/YY)

To: _____

A-bomb survivor's certificate number

Beneficiary name

Beneficiary address

Please transfer the Allowance to the following account.

Please fill in:

Paying Bank	
BIC Code, IBAN Code, etc.	
Branch Name	
Address	
Country	
Account No.	
Account Name	
Beneficiary Telephone Number	
Beneficiary Country	

* Please write in BLOCK CAPITALS.

POWER OF ATTORNEY

Date: ____ / ____ / ____ (DD/MM/YY)

To: _____

Entrusted Person

Address _____

Name _____

(Seal or signature)

A-bomb survivor's certificate number

I hereby entrust the below named agent complete power of attorney over matters concerning the documents necessary for the application for _____.

Please fill in:

Agent

Address _____

Name _____ (Seal)

Signature _____