

Applications from Overseas for the Authorization of Atomic Bomb Disease

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 April 1, 2010. Details are as follows:

1. Application

Applications should be submitted to the Japanese Embassy or the Consulate General serving your area (In Taiwan, applications should be submitted to the Interchange Association Japan. These institutions will be hereinafter collectively referred to as "Japanese Consulate, etc.")

In principle, applications should be submitted in person to the Japanese Consulate, etc., due to personal identification reasons. However, under special conditions, applications may be submitted by a proxy (applications by mail will not be accepted).

2. Documents, etc., required for application

To make an application, documents such as the Application Form for Authorization, physician's written opinion, and test reports concerning the injury/disease to be authorized are required. These documents are listed in page 4.

3. Application review

The Japanese Consulate, etc., confirms the identity of the applicant, 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 as to whether atomic bomb disease can be authorized, through consultation with relevant experts (See page 25 for the guideline for the review).

In the review process, the applicant may be contacted, 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 is paid from the Governor of prefecture or the 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 the Mayor of Hiroshima or Nagasaki City, together with the application for the authorization of atomic bomb disease submitted to the Ministry 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 4.

5. Inquiries

For clarification or further information, please contact 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.

Phone: 81-3-5253-1111

Fax: 81-3-3502-3090

The 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 Ministry of Health, Labour and Welfare for diseases and injuries caused by radiation from atomic bomb which require medical treatment at this point.

The authorization of atomic bomb disease is different from “the Authorization of Atomic Bomb Victim” (Issuance of Atomic Bomb Survivor’s Certificate) or the authorization of disease for which the effect of atomic bomb radiation cannot be ruled out (payment of Health Management Allowance).

Based on the “New Review Policy” (revised on December 16, 2013), the authorization review of atomic bomb disease is conducted at the review board of experts for “radiation attributability” and “need for medical care” of the disease/injury to be authorized.

Once atomic bomb disease is authorized by the Ministry of Health, Labour and Welfare, Special Medical Care Allowance is paid by the relevant prefecture or city. After the disease/injury was cured, Special Allowance is paid. In order to receive Special Medical Care Allowance, application for Special Medical Care Allowance should be submitted to the relevant prefecture or Hiroshima or Nagasaki City, in addition to the application for the authorization of atomic bomb disease.

2 Procedures for receiving the authorization

- (1) Please prepare application documents and visit the Japanese Consulate, etc., serving the residential area of the applicant. Please

also submit application documents for Special Medical Care Allowance that the applicant is entitled to receive when the authorization is given (See page 4 for explanation on application documents).

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

- (2) The Japanese Consulate, etc., serving the residential area of the applicant confirms the submitted application documents for identity of the applicant, 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, the applicant may be inquired or requested to submit test certificates, etc., issued by the physician in charge or any medical institution that has treated the applicant.

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

- (3) In the review of application for the authorization of atomic bomb disease, information such as how far the applicant was from the hypocenter at the time of atomic bombing, is extremely important (A

review will take place considering the location of radiation exposure, the date of entry to the specified area, and the location of entry as authorized by the relevant prefecture or Hiroshima or Nagasaki City at the time of issuing 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 applicant 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 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 retroactively to the month following the month of the date of application 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, the difference between the paid Health Management Allowance and the Special Medical Care Allowance will be paid.

[Example]

- If the application was submitted for the authorization of atomic bomb disease and Special Medical Care Allowance in April 2014, Special Medical Care Allowance will be paid retroactively to the month of May

2014 onwards once atomic bomb-related injury/disease is authorized.

3 Details of application documents

Application requires documents for identification of the applicant, documents for the authorization of atomic bomb disease, and documents for application for the authorization of Special Medical Care Allowance.

[Note] Addressing of application documents

- Application for the authorization of atomic bomb disease should be addressed to the Ministry of Health, Labour and Welfare.
- Application for the authorization of Special Medical Care Allowance should be addressed:
 - If the applicant 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 applicant is not receiving such payment,
 - To the Governor of the relevant prefecture or Mayor or Hiroshima City or Nagasaki City, from whom he or she has received the issuance of the Atomic Bomb Survivor's Certificate/
- * If the applicant owns more than one Atomic Bomb Survivor's Certificate, application should be addressed to the Governor of the relevant prefecture or the Mayor of Hiroshima or Nagasaki City from whom he or she received the last issuance.

Necessary documents for application for the authorization of atomic

bomb disease and Special Medical Care Allowance

[Documents for verifying identity]

(1) A valid personal identification with a picture issued by the central or local government of the country of residence of the applicant, or other documents with which personal identity can be verified (original) and duplicates (two copies)

Example: Passport, driver's license, certificate of alien registration, work permit, permanent residence 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) When 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.

[When a proxy lodges the application]

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

(a) Statement that the applicant himself or herself explains the reason why he or she cannot submit 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) Documentation that can verify identity of the applicant, 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 written opinion (one copy) and its duplicate (one copy)

(* If the applicant applied 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 certificates, etc., required in the review (one copy)

* At the time of application, applicants are requested to attach documents showing medical history, basis of diagnosis, and current treatment contents to expedite review. Required documents vary by the type of disease/injury. Please show the physician specifications listed on page 13 and request a set of required documents.

* In principle, please write (3) in Japanese. The name of the applicant 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 applicant.

[Application documents for Special Medical Care Allowance]

(6) Application form for the authorization of Special Medical Care

Allowance (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 I 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 of the applicant'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., serving your area, the website of the consulate, or the website of the Ministry of Health, Labour and Welfare.

(http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryuu/kenkou/genbaku/index.html).

4. Notification of the results

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

The applicant will be notified if the applied atomic bomb-related injury/disease is not authorized as a result of a review.

5 Points to note 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 the applicant has died.

- If the authorized disease or injury has been cured or the applicant has died, the payment of Special Medical Care Allowance will be terminated in the month following the month of the relevant date.
- If the authorized disease or injury has been cured, the person can receive monthly Special Allowance 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 or 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 follow the specified procedures.

* If allowance has been received continuously in the months following the month of the relevant date despite the cure of the authorized disease or injury or the death

of the applicant, 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 submit 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 the Mayor of Hiroshima or Nagasaki City, from whom he or she is receiving allowance. Please also attach a document that can verify the person's identity issued by a governmental body (a document issued within one month before application)

For detailed procedures, please contact the relevant prefecture or Hiroshima or Nagasaki City, from which he or she receives 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 recipient 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 (as well as between the first and last day of the month to which the first anniversary of application belongs for radiation

cataract) , 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 Ministry 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 also attach 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 the authorization of atomic bomb disease

The Japanese Ministry of Health, Welfare and Labour

For the authorization of atomic bomb disease, it is necessary to confirm that (1) the disease or injury applied for authorization is attributable to radiation of atomic bombing and (2) the disease or injury disease currently requires medical treatment. To facilitate the screening process, please consult your doctor with the list of necessary documents. Please note that the lists are typical cases of each disease, so additional documents may be requested in some cases. Thank you for your understanding and cooperation.

To the patient's doctor:

In screening the authorization of atomic bomb disease, documents listed in the attachment are required for each applied disease to confirm the diagnosis and treatment contents. Please submit the documents by indicating whether there are attachments (describe the reason for non-attachment). For rapid screening, we are very grateful if you could submit the documents in English or Japanese as much as possible. Thank you for your cooperation. Please submit photocopies of original documents, not transcription.

List of Necessary Documents for Application for Authorization of Atomic Bomb Disease

Applicant Name: _____

Name of Disease: _____

With regard to the application for authorization of atomic bomb disease for the above person, I hereby submit the necessary documents for the review to supplement the findings of present symptoms in the physician's opinion.

Date: _____

Name of Medical Institution: _____

Address of Medical Institution: _____

Name of physician: _____

Necessary documents for application	Documents attached (Circle Yes or No)	Reasons for non-attachment of documents, etc. Please describe reasons when you chose "No." (name of medical institution and primary physician if testing was performed or records were stored at other institutions)
(1) Documents showing the current medical history	Yes / No	
(2) Documents showing the basis of diagnosis (* Necessary documents vary by disease. Please check and describe in the relevant items among (a) to (f) below.)		
(a)	Yes / No	
(b)	Yes / No	
(c)	Yes / No	
(d)	Yes / No	
(e)	Yes / No	
(f)	Yes / No	
(3) Documents showing the details of current treatment	Yes / No	
(4) Presence or absence of risk factors or past history	Yes / No	If "Yes" was chosen, attach documents concerning the contents and status

(Attachments)

Malignant neoplasm such as solid cancer

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (documents "a" to "d" below)
 - a. Report of histopathological test if available
 - b. Reports of imaging diagnosis, etc. (e.g., endoscopy test, CT, PET, MRI, bone scintigraphy) (including pages of images related to findings)
 - c. Report of blood test (e.g., tumor marker)
 - d. Reports of surgery, radiation therapy, and chemotherapy if conducted.
- (3) Documents indicating the details of current treatment (e.g., status of administering anticancer drugs, hormone agents)
- (4) Documents indicating the presence or absence of risk factors that may affect carcinogenicity such as life history, professional history, smoking history, and drinking history (if risk factors are present, documents with descriptions of details and status of the risk factors [e.g., summary]).

Leukemia, etc. (malignant neoplasm of lymphatic tissues, hematopoietic tissues, and related tissues)

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (documents "a" to "c" below)
 - a. Reports of histopathological tests and bone marrow puncture if conducted
 - b. Reports of special stain tests, cell surface marker test, and chromosomal genetic test if conducted
 - c. Reports of other tests which led to the diagnosis (e.g., M protein, immunoglobulin, soluble interleukin-2 receptor, HTLV-1 antibody, imaging diagnosis [malignant lymphoma])
- (3) Documents showing the details of current treatment

Hyperparathyroidism

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (documents "a" to "f" below)
 - a. Documents indicating the presence or absence of subjective symptoms (relevant documents if available, such as medical chart)
 - b. Documents indicating the presence or absence of objective signs (e.g., osteoporosis, stone formation) (e.g., reports of test results if objective symptoms are present)
 - c. Report of PTH test (intact PTH levels are desirable)
 - d. Test report showing changes in serum Ca and P levels over time
 - e. Report of imaging diagnosis (e.g., ultrasonography, CT, scintigraphy) (including pages of images related to findings)
 - f. Report of histopathological test if conducted, and test reports of postoperative PTH level and serum Ca and P levels
- (3) Documents showing the details of current treatment
- (4) Documents for exclusion diagnosis of secondary hyperparathyroidism (documents for the details and status when the person has a medical history which may lead to secondary hyperparathyroidism [reports of kidney function test such as BUN and creatinine, if available])

Myocardial infarction

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (referral letter and documents showing the clinical course of acute phase such as summary)
- (2) Documents showing the basis of diagnosis (documents "a" to "e" below concerning acute-phase symptoms, tests, and treatment)
 - a. Records and report of electrocardiography
 - b. Report of blood test such as troponin, CK-MB, etc.
 - c. Reports of coronary angiography and left ventriculography
 - d. Diagnostic imaging (e.g., chest X-ray, cardiac ultrasound, myocardial scintigraphy) (including pages of images related to findings)
 - e. Documents indicating findings of coronary bypass surgery, percutaneous transluminal coronary angioplasty, etc., if conducted.
- (3) Documents indicating the details of current treatment
- (4) Documents showing history of hypertension, hyperlipidemia, and abnormal glucose metabolism, history of smoking, and the presence or absence of risk factors that may affect the onset of myocardial infarction (If risk factors are present, documents concerning the details and status [e.g., summary]).

Hypothyroidism

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (documents "a" to "f" below concerning tests and treatment at the time of diagnosis)
 - a. Physician's opinion on clinical course and changes in symptoms before and after treatment
 - b. Report of thyroid hormone test results before and after the start of treatment (documents showing changes in TSH and free-T4 levels)
 - c. Report of anti-thyroid peroxidase (anti-TPO) antibody test results
 - d. Report of anti-thyroglobulin antibody test results
 - e. Report of thyroid ultrasound results (including pages of images related to findings)
 - f. Documents indicating the findings of surgery if conducted
- (3) Documents showing the details of current treatment (drugs and dosage used for treatment [describe in unit of microgram, not by the number of tablets])
- (4) Documents for exclusion diagnosis of secondary hypothyroidism (documents indicating the presence or absence of medical history which leads to secondary hypothyroidism, and documents concerning the contents and status if there is medical history)

Chronic hepatitis and hepatic cirrhosis

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (documents “a” to “d” below)
 - a. Reports of viral markers and other tests performed to examine the cause
 - b. Reports of liver function tests (e.g., AST [GOT]/ALT[GPT]/Alb/γ-GTP), etc.
(documents showing changes over time during the last one year or longer)
 - c. Reports of diagnostic imaging (e.g., ultrasound, CT) (including pages of images related to findings)
 - d. Report of histopathological test if liver biopsy was performed.
- (3) Documents showing details of current treatment (e. g., prescriptions and medical charts showing the details of treatment such as drug name and dosage used in treatment)
- (4) Documents indicating treatment history such as history of blood transfusion and history of surgery, life history such as obesity, drinking history, and diabetes, and presence or absence of risk factors that may affect occurrences of drug-induced or other chronic hepatitis and hepatic cirrhosis (documents concerning the details and status when risk factors are present*)

* Attach documents indicating the presence or absence of obesity (BMI [height, body weight]) and the presence or absence of drinking history [amount of alcohol intake per day or week and years of drinking].

Radiation cataract (excluding age-related cataract)

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (attach medical charts at the first hospital visit and at application)
- (2) Documents showing the basis of diagnosis (Documents "a" to "d" below. For "a" to "c" below, also attach documents showing the preoperative status when the person underwent intraocular lens implantation.)
 - a. Document showing the results of vision acuity test (document indicating current uncorrected vision, corrected vision acuity, refractive index, etc.)
 - b. Document indicating the location of opacity within the lens (a picture or a drawing of slit-lamp microscopy results. Posterior capsule opacification should be focused, if present.)
 - c. Document indicating fundus findings (e.g., pictures, drawings)
 - d. Document indicating the results of optical coherence tomography (OCT) if performed
 - e. Physician's opinion on the level of life function impairment (e.g., unable to shop)
- (3) Document indicating the details of current treatment (also attach documents concerning "a" and "b" below)
 - a. Document indicating the time and date of surgery if scheduled (e.g., medical chart)
 - b. If no surgery is scheduled, documents indicating the reason why no surgery is scheduled (e.g., medical chart)
- (4) Documents indicating the presence or absence of risk factors for cataract (e.g., history of diabetes and hyperparathyroidism, history of treatment with steroids) (When these risk factors are present, documents indicating the details and status [e.g., summary])

Other diseases

Documents necessary for the assessment of disease applied for authorization

- (1) Documents showing the present medical history (e.g., referral letter, summary)
- (2) Documents showing the basis of diagnosis (e.g., reports of the results of blood test, diagnostic imaging, pathological diagnosis, or other tests)
- (3) Documents showing the details of current treatment

Atomic Bomb Disease Authorization System Based on New Review Policy

I. Determination of Radiation Attributability

1. Scope of proactive authorization

- (1) Malignant neoplasm (e.g., solid cancer)
- (2) Leukemia
- (3) Hyperparathyroidism

- (1) Myocardial infarction
- (2) Hypothyroidism
- (3) Chronic hepatitis, hepatic cirrhosis

Radiation cataract
(excluding age-related cataract)

- a. A person who was exposed to radiation within approx. 3.5 km from the hypocenter
- b. A person who entered the area within approx. 2 km from the hypocenter within approx. 100 hours after the bombing.
- c. A person who stayed for 1 week in the area within about 2 km from the hypocenter during the period of approx. 100 hours and 2 weeks after bombing.

* Persons satisfying a, b, or c above will be authorized in principle.

- a. A person who was exposed to radiation within approx. 2.0 km from the hypocenter
- b. A person who entered the area within 1.0 km from the hypocenter after the bombing and on the following day

A person who was exposed to radiation within approx. 1.5 km from the hypocenter

2. Comprehensive determination

Application not satisfying the "Scope of proactive authorization"

Attributability is comprehensively determined
(Radiation dose, past medical history, environmental factors, and life history of applicants are considered.)

When not applicable

II. Determination of need for medical care

Determine whether "the applicant currently needs medical care" based on the status of relevant disease, etc., for each applicant

Authorization

(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	(Seal)	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		
		2 Person aged over 70 years old living alone with no spouse, children and grandchildren		
Attached papers	<ol style="list-style-type: none"> 1. Medical certificate for physical disorder if marked 1 above 2. Following certificates if marked 2 above <ol style="list-style-type: none"> (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	00/ 00/ 00 (DD/MM/YY)	Sex	<input checked="" type="radio"/> male <input type="radio"/> 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 Kosei 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 2 Liver dysfunction 3 Dysfunction of cellular proliferation 4 Endocrine dysfunction 5 Cerebrovascular disorder 6 Cardiovascular dysfunction 7 Renal dysfunction 8 Visual dysfunction due to lens opacity 9 Respiratory dysfunction 10 Motor dysfunction 11 Digestive tract dysfunction due to ulceration		
			Name of disease (A)		
Attached document		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.

STATEMENT
(For application by agent)

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

To: _____

Address _____

Name _____

(Seal or signature)

A-bomb survivor's certificate number

I hereby make a statement of being unable to visit the Japanese Embassy / Consulate in _____ and file the application for _____ in person.

Contents of statement (in detail)

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 _____