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**EMBASSY OF JAPAN**  
in the  
Federated States of Micronesia

April 15, 2024

EJ/KN-26-24

The Hon. Wayne Mendiola  
FSM Dept. of Education  
Palikir, Pohnpei State

Dear Secretary Mendiola,

I am pleased to inform you of the availability of the Japanese Government (the Ministry of Education, Culture, Sports, Science and Technology) Scholarship Program for academic year 2025 for the following categories:

1. Research Students (Graduate Level)
2. Undergraduate Students
3. College of Technology Students
4. Specialized Training College Students

Please be informed that samples of the application forms and detailed information have been forwarded to the FSM Department of Foreign Affairs, and the Embassy has requested the Department to inform the National and all State educational departments' of the Scholarship Program. With regards to original application forms, the Embassy will distribute them to all interested individuals. Please contact the Embassy for more information. June 3, 2024, 5:00pm will be the closing date and time for applications and June 11, 2024 is the examination date.

examinations and interviews are planned to be held at the Embassy on June 11, 2024, regardless of applicants' current address.

For further information, please visit the following websites:

[https://www.studyinjapan.go.jp/en/smap\\_stopj-applications\\_undergraduate.html](https://www.studyinjapan.go.jp/en/smap_stopj-applications_undergraduate.html)

[https://www.studyinjapan.go.jp/en/smap\\_stopj-applications\\_technology.html](https://www.studyinjapan.go.jp/en/smap_stopj-applications_technology.html)

[https://www.studyinjapan.go.jp/en/smap\\_stopj-applications\\_specialized.html](https://www.studyinjapan.go.jp/en/smap_stopj-applications_specialized.html)

[https://www.studyinjapan.go.jp/en/smap\\_stopj-applications\\_research.html](https://www.studyinjapan.go.jp/en/smap_stopj-applications_research.html)

I hope that all the educational departments can work together to ensure that all interested individuals of the FSM have the opportunity to apply for this Scholarship Program. Should you have any questions regarding the above matter, please feel free to contact the Embassy or visit our website at <http://www.micronesia.emb-japan.go.jp>. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Nobuo Kagomiya". The signature is written in a cursive style with a large, stylized "N" and "K".

Kagomiya Nobuo  
Ambassador

# 健康診断書 (2025年度版)

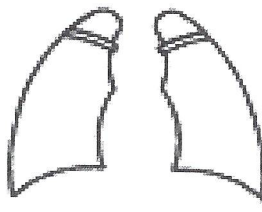
(医師に記入してもらうこと)  
日本語又は英語により明瞭に記載すること。

# CERTIFICATE OF HEALTH (for 2025)

(to be completed by the examining physician)  
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name	Surname 姓		Given name 名		Middle name ミドルネーム	
性別 Gender	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	生年月日 Date of Birth	年	月	日
			yyyy	mm	dd	

1. 身体検査 Physical examination						
(1)身長 Height	cm		(2)体重 Weight	kg		
(3)血圧 Blood pressure	mmHg~ mmHg		(4)血液型 Blood type	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> AB
(5)脈拍 Pulse	<input type="checkbox"/> 整 Regular <input type="checkbox"/> 不整 Irregular		(7)色覚異常の有無 Color blindness	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 異常 Impaired	
(6)視力 Eyesight	裸眼 Without glasses	(右) (R)	(左) (L)	(8)聴力 Hearing	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired	
	矯正 With glasses or contact lenses	(右) (R)	(左) (L)	(9)言語 Speech	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired	

2. 胸部聴診及びX線検査 (6か月以内) Physical and X-ray examinations of the chest (within six months)							
	胸部X線所見 Describe the condition of lungs.		撮影年月日 Date of X-ray	年	月	日	
			フィルム番号 Film No.	yyyy	mm	dd	
			(1)肺 Lungs	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 異常 Impaired		
			(2)心臓 Cardiomegaly	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 異常 Impaired		
			異常がある場合⇒心電図 If impaired⇒Electrocardiograph	<input type="checkbox"/> 正常 Normal	<input type="checkbox"/> 異常 Impaired		

3. 現在治療中の病気 Disease currently being treated		<input type="checkbox"/> 無 No	<input type="checkbox"/> 有 Yes	病名 Disease
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4. 既往症 Past illness/disorder		<input checked="" type="checkbox"/>	病名Name	完治時期/治療中 Date of recovery /under treatment	<input checked="" type="checkbox"/>	病名Name	完治時期/治療中 Date of recovery /under treatment
該当するものにチェックと完治時期/治療中を記入、いずれも該当しない場合は「無し」にチェックすること。 Please check and fill in the date of recovery/under treatment. If NOT contracted any of them in the past, please check "None".			結核 Tuberculosis			マラリア Malaria	
			その他感染症 Other communicable disease			てんかん Epilepsy	
			腎疾患 Kidney disease			心疾患 Heart disease	
			糖尿病 Diabetes			薬剤アレルギー Drug allergy	
<input checked="" type="checkbox"/>	無し None		精神疾患 Psychosis			四肢機能障害 Functional disorder in the extremities	

5. 検査 Laboratory tests							
(1)尿検査 Urinalysis:	糖 glucose		蛋白 protein		潜血 occult blood		
(2)貧血検査 Anemia test	赤沈 ESR	mm/Hr	白血球数 WBC count	/cmm	色素量 Hemoglobin	貧血 Anemia	
(3)肝機能検査 LFT	GPT (ALT)	(IU/l)	GOT (AST)	(IU/l)	γ-GTP		(IU/l)

6. 医師の診断・意見 Physician's impression of the applicant's health	
継続的治療・投薬の必要性があればその旨を記入下さい。 Please fill in if the applicant needs regular medication or treatment.	

7. In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan? 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか?  <input type="checkbox"/> YES (はい) <input type="checkbox"/> NO (いいえ)	日付 Date	
	医師署名 Physician's Signature	
	検査施設名 Office/Institution	
	所在地 Address	

※ Please be sure to check either "YES" or "NO". If you do not check "YES", the Embassy will NOT accept the application.  
必ず「はい」又は「いいえ」にチェックしてください。「はい」にチェックがない場合、大使館は申請を受理しません。

JAPANESE GOVERNMENT (MEXT) SCHOLARSHIP RECOMMENDATION FORM

Applicant's Name (Please print): \_\_\_\_\_,  
(Surname) (Given name) (Middle name)

To the Applicant : Please fill in your full name above. Give this form and an envelope marked "confidential" and addressed to yourself to the person you have asked to recommend you. Ask this person to place the completed form in the envelope, seal the envelope, sign across the seal, and send it back to you. Submit the unopened envelope with your application to the Japanese Embassy/Consulate General.

To the Recommender : Please respond to the following questions. Please type or print. After completing this form, place it in the envelope provided, seal the envelope, sign across the seal, and return it to the applicant. This recommendation is a required part of the application process and to be used for admissions purposes only; prompt return to the candidate is important. MEXT appreciates your assistance and would like to assure you that your comments will be carefully considered.

Recommender's name : \_\_\_\_\_

Title and Institution : \_\_\_\_\_  
\_\_\_\_\_

Address (either work or home) : \_\_\_\_\_

Telephone: \_\_\_\_\_ / Email : \_\_\_\_\_

1. During which period of time have you had the most frequent contact with the applicant? From \_\_\_\_\_ to \_\_\_\_\_.

2. What was the nature of your relationship?

3. In what areas does the applicant need improvement or growth?

4. Please comment on the applicant's interpersonal skills. How well does he or she work within a team?

5. How would you describe the applicant's leadership skills?

6. Please comment on the applicant's degree of self-confidence.

7. Please comment on the applicant's personal character.

8. Please indicate your overall evaluation of the applicant for a Japanese Government (MEXT) Scholarship.

( ) Strongly recommend ( ) Recommend ( ) Recommend with reservation

9. Please write whatever additional comments you would like to make about the applicant's potential for graduate study in Japan and potential for becoming a responsible, effective person for your country. Additional pages may be attached, and the back page of this form can also be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Any other formats of recommendation letter will be accepted.