

[様式9] [FORM 9]

必要理由書 (Statement of reasons)

_____/_____/_____
(Year) (Month) (Date)

(To Minister of Health, Labour and Welfare)

厚生労働大臣 殿

Name of Importer _____

1. 治療上必要な理由 (Reasons why the medicine and pharmaceutical products are needed for treatment)

※ Describe the reasons why you must use the imported medicine and pharmaceutical products and the basis of the quantity to be imported.

2. 医師の責任 (Doctor's responsibility)

※ State that the medicine and pharmaceutical products are used only for athletes and staff participating in this event. You must also state that the doctor bears all responsibility for its use.

Example: I am Dr. Rotaro Kosei. I use the imported medicine and pharmaceutical products for the diagnosis or treatment of the athletes and staff who participate in this event, and I take full responsibility for them.

In addition, I ensure to properly manage them. I take the unused medicine and pharmaceutical products home with me after the event.