Program of the Activities of the Japan Medical Association Team (JMAT)*1

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Japan Medical Association Emergency and Disaster Medicine Management Committee*2

Purpose

The Japan Medical Association Team (JMAT) is a collective of emergency medical teams dispatched from local medical associations to protect the lives and health of disaster victims, to help recover public health in the disaster-afflicted areas, and to support the restoration of community healthcare.

JMAT teams are organized at the unit level of the municipal medical associations and medical institutions by prefectural medical associations nationwide at the request of the Japan Medical Association (JMA) based on a request from prefectural medical associations in the affected areas. Through the activities of JMAT, the JMA has the capacity to respond directly to disasters. Participation in JMAT is based on the mission and professional autonomy*3 of the physician regardless of their membership in JMA. The same is true for other health professionals.

The main activities of JMAT are medical and health management of shelters and first aid stations, and medical assistance for local hospitals and clinics to support the continuation of healthcare in disaster-afflicted areas after the acute phase. JMAT activities are not limited to providing healthcare alone; they are diverse and wide-ranging, from providing public health management in shelters to deal with the nutritional status of survivors and the medical needs in their stationed areas, and to help the smooth transition of their duties to local medical institutions.*4

In the disaster areas, members of prefectural and municipal medical associations participate in the disaster-response headquarters as representatives of health professionals and they play a central role in coordinating medical relief activities. In principle, JMAT teams work within this coordinated framework.

Participation in this program is not based on rigid compliance. Rather, quick decision-making and action, unrestrained by rules and precedent is called for in the face of situations that exceed any assumptions during a disaster. Moreover, matters such as the dispatch sites of JMAT, their period of participation, and the professional composition of JMAT teams should be decided flexibly in response to unexpected changes in the situation.

After the JMAT activities are completed, some areas may experience poor accessibility to needed healthcare and a shortage of medical resources, which becomes increasingly serious due to the enormity and extensiveness of a disaster. When these areas require mid-/long-term medical assistance after the acute stages, a new mission named JMAT II is dispatched based on requests from prefectural medical associations in the affected areas. The ultimate goal of JMAT II is to support life in the shelters and to prevent the long-term impact on health including mental care and solitary deaths in temporary housing and other disaster-induced deaths.

*1 This program is a revised English version published as Annex 1 in a report developed by the JMA's Committee on Emergency and Disaster Medicine in March 2012.
*2 Members of the committee are listed at the end of the program.
*3 Refer to "WMA DECLARATION OF SEOUL ON PROFESSIONAL AUTONOMY AND CLINICAL INDEPENDENCE" adopted by the WMA General Assembly, Seoul, South Korea, October 2008.
*4 The JMAT activities represent diverse and wide-ranging medical association activities. That is why the "A" in JMAT stands for Association, not Assistance.
[For correspondence, please contact the JMA International Affairs Division at jmaintl@po.med.or.jp.]

Basic Policy

Participation based on professional autonomy

Physician participation in this program is based on high professional ethics and a strong sense of mission. All physicians are allowed to participate regardless of membership or preregistration in the JMA.

Signing of disaster medical relief agreements

Dispatch of self-contained teams

Portable materials and equipment including pharmaceuticals and foodstuffs, transportation, lodging, and other supplies are to prepared by the prefectural medical association or other organizations and medical institutions that will dispatch a JMAT team.

Dispatches based on requests from prefectural medical associations in the afflicted areas

Prefectural medical associations in the affected areas participate in the prefectural headquarters for disaster management to collect necessary information and also are responsible for coordinating medical teams at the prefectural level in cooperation with governments and disaster-based hospitals.

JMAT should be in principle dispatched only in response to requests from the prefectural medical associations in the affected areas to avoid confusion in the coordination.

Coordinated activities in the disaster areas

Municipal medical associations should serve as the coordinator for local community healthcare in both the pre-disaster and restoration stages. To enable JMAT activities to be carried out efficiently, the president of the local municipal medical association chairs the morning and evening meetings and the local coordination conferences which are attended by various medical teams including JMAT, DMAT, and the Japanese Red Cross teams.

Smooth transfer of duties to the local medical institutions following the restoration period

In times of disaster, three types of funding for healthcare are provided in Japan: 1) Disaster medicine funded completely at the expense of the nation based on the Disaster Relief Act or the Civil Protection Act (concerning measures to protect the civilian population in an armed attack situation) in designated areas in the vicinity of triage posts or through designation of medical institutions or regions; 2) healthcare covered under the universal health insurance system, in which the insured are either given a grace period to make co-payments or are exempted from it; and 3) healthcare covered under the regular health insurance system including co-payments. When the latter two begin to appear feasible again after a disaster, the possibility of withdrawing JMAT is considered. The dispatch of subsequent JMAT and other teams needs to be stopped, and all resources should be entrusted to local organizations to promote the restoration of community healthcare in the affected areas.

Areas needing long-term medical assistance

After the withdrawal of JMAT, in situations where there is a need to support community healthcare due to the shortage of physicians and other health personnel and poor accessibility to healthcare, medical teams (JMAT II) are dispatched based on requests from the prefectural medical associations in the affected areas. JMAT II consists of members similarly to that of JMAT I.

Following the March 2011 disaster, the Disaster Victim Health Support Liaison Council was organized under the leadership of the JMA with the participation of numerous health organizations and governments. This Council has begun to serve as a model for efficient and long-term medical assistance in the affected areas.

Roles of the Medical Associations

JMA

1. Pre-disaster (normal operation)

(1) Participate in disaster management administration at the national level,*5 and include

*5 JMA stresses the importance of healthcare in disaster control measures in the Central Disaster Management Councils of Japan. The objective is to have medical institutions specified as "designated public corporations" based on the Disaster Countermeasures Basic Act and to have JMA representatives appointed as council members.

JMAT within the Basic Disaster Management Plans (goal)
(2) Include JMAT within government healthcare policy on the "Five Diseases and Five Areas of Medicine" (goal)
(3) Coordinate with relevant parties
- Disaster Victim Health Support Council
- Relevant ministries, Japan Self-Defense Forces (JSDF), National Institute of Radiological Sciences

(4) PR and publicity to raise public awareness of JMAT (administrative agencies related to disaster medicine and disaster management, general public)
(5) Promote disaster medicine training
(6) Request government budget for JMAT
(7) Make requests related to the application of the Disaster Relief Act and related laws
(8) Increase the disaster response capabilities of medical institutions nationwide (encourage earthquake proofing, etc.)
(9) Request enhancement of the emergency medical information system (EMIS) and expanded disaster medical support measures at the national level such as the introduction of hospital ships
(10) Develop an information and communications system
(11) Improve triage cards and shelter checklists (**Form 1**), and increase their dissemination and recognition
(12) Review the use of standardized copies of medical records during a disaster (one copy to bring back to the medical association or medical institution that dispatched the team and one copy to be handed over to succeeding teams)

2. During the disaster

(1) The JMA's disaster response headquarters makes the decision to dispatch JMAT and requests prefectural medical associations outside the affected areas to organize the team.
(2) Notify the Ministry of Health, Labour and Welfare (MHLW) of Japan and other relevant ministries and agencies of the decision to dispatch JMAT (request the MHLW and other ministries and agencies to cooperate in dispatching JMAT to disaster areas)
(3) Collect information from and negotiate with relevant ministries, agencies, and administrative bodies (medical needs in the affected areas, the status and safety of these areas, issuance of emergency transit passes, status of trunk roads and fuel, etc.)
(4) Negotiate with relevant organizations and businesses (e.g. negotiate the use of aircraft)
(5) Develop an information sharing system among local medical associations, JMAT and others
(6) Hold the Disaster Victim Health Support Liaison Council and coordinate with participating organizations
(7) Transport pharmaceuticals and provide relief supplies to other affected areas (e.g. infectious disease control posters, first-aid manuals for the elderly, AED units)
(8) Provide an accident insurance plan for the safety of JMAT members
(9) Cover immediate expenses
(10) Provide PR activities and information
(11) Develop an information and communications system (including the use of all types of media including cooperation with the Japan Aerospace Exploration Agency (JAXA) and a bulletin board on the JMA website)
(12) Resolve legal issues related to JMAT operations and provide information (provision of pharmaceuticals, accommodate the long-term absence of hospital and clinic directors as a result of medical relief activities in the disaster areas)

3. Shift to the restoration phase

(1) Gather information on medical needs in the affected areas and on the need for medical support after damages are contained
(2) Hold discussions with the prefectural medical associations in the disaster areas
(3) Declare the termination of JMAT dispatches
(4) Decide on the dispatch of JMAT II teams if medical support is needed after disaster damage is contained
(5) Examine and summarize JMAT activities in the recent disaster and revise the program of JMAT activities
(6) Point out issues in and request improvements to national disaster management and disaster medicine measures
(7) Conduct negotiations related to the Disaster Relief Act, etc.

Prefectural medical associations and municipal medical associations responsible for dispatching JMAT

1. Pre-disaster (normal operation)

(1) Participate in local disaster meetings or others, and include JMAT in local disaster management plans
(2) Assess local disaster risks
(3) Coordinate with relevant parties
- Medical, health, nursing, and welfare-related organizations
- Relevant administrative bodies, JSDF, Japan Coast Guard, US military in Japan, etc.

(4) PR and publicity to raise public awareness of JMAT
(5) Provide disaster medicine training
(6) Request a JMAT-related budget
(7) Improve the disaster response capabilities of medical institutions under their jurisdiction
(8) Develop an information and communications system

2. During the disaster

(1) In response to requests from JMA, disaster response headquarters decides to dispatch JMAT (including instances where the decision to dispatch is made before the official request from the JMA).
(2) Based on the rules and regulations of the prefectural medical associations, the municipal medical association and medical institutions under the prefectural medical association's jurisdiction organize JMAT. The JMAT application form (**Form 2**) is sent to the JMA.
(3) In response to a dispatch request from the JMA, details of JMAT dispatches are decided through consultation and coordination with the prefectural medical associations in the disaster areas and the teams are dispatched.
(4) Gather information from and negotiate with relevant ministries, agencies, and administrative bodies
(5) Negotiate with relevant organizations and businesses to secure transportation
(6) Establish means of sharing information with other local medical associations and JMAT, etc.
(7) PR activities

3. Shift to the restoration phase

(1) Gather information on medical needs in the affected areas and on the necessity of medical support after disaster damage is contained
(2) Hold discussions with local medical associations and local coordinators in the affected areas
(3) Examine and summary JMAT activities in the recent disaster and revise medical association disaster medicine relief plans and manuals, etc.
(4) Point out issues in and request improvements to local disaster management and disaster medicine measures
(5) Conduct negotiations related to agreements and the Disaster Relief Act, etc.

JMAT-related Agreements on Disaster Medicine Relief

Agreements between medical associations and governments

(1) Agreements between prefectural medical associations and prefectural governors
(2) Agreements between prefectural medical associations or the municipal medical associations and airport offices, etc., and mutual assistance agreements between governments

Key points in disaster medicine relief agreements between medical associations and governments

(1) Rules concerning the chain of command in disaster medical responses by the government and coordinators at the disaster medical response headquarters
(2) Rules concerning JMAT operations
(3) Rules concerning medical expenses (at shelters and medical institutions, during the application and non-application of the Disaster Relief Act)
(4) Rules concerning responsibility for JMAT dispatch expenses (daily allowance, transportation, pharmaceuticals and medical supplies, other miscellaneous expenses)
(5) Rules concerning liability for compensation during secondary disasters involving JMAT members
(6) Rules that state, "the dispatch of JMAT is based on requests from prefectural governors; however, in emergency situations, they may be dispatched at discretion of the medical association, and the request by governors will be stated in the ex post facto report"
(7) Rules that state items (2) to (6) are applicable in cases where JMAT teams are dispatched to other prefectures (out-of-prefecture dispatch)

(8) Rules that state the agreements are to be regularly reviewed and updated
(9) Various forms of paperwork (medical relief activity reports, billing statement, reimbursement for actual expenses, settlement invoice, daily allowance amount for JMAT members in accordance with regulations based on the Disaster Relief Act, list of JMAT members, reports on secondary disasters, list of pharmaceuticals, etc.)

Fundamental JMAT Principles

Procedures concerning JMAT dispatch

(1) JMA's disaster response headquarters decides to dispatch JMAT
(2) JMA requests prefectural medical associations outside the disaster areas to organize JMAT
(3) Prefectural medical associations in the disaster areas are notified of the decision to dispatch JMAT
(4) Prefectural medical associations outside the disaster areas decide, in response to a request from JMA, to dispatch JMAT (including instances where the decision to dispatch JMAT is made before the official request from JMA)
(5) Based on rules and regulations of the prefectural medical associations, municipal medical associations and medical institutions under the prefectural medical association's jurisdiction organize JMAT. The JMAT application form is sent to the JMA.
(6) Based on requests from prefectural medical associations in the disaster areas, JMA request the prefectural medical associations outside the affected areas to dispatch JMAT.
(7) JMAT is dispatched after the details are fixed based on consultation and coordination among prefectural MAs involved in relief activities.
(8) JMAT teams are dispatched to the disaster areas and provide relief activities
(9) The decision to withdraw JMAT is made by the JMA and local prefectural medical associations based on consultations about the change in medical needs in the disaster areas.
(10) Transition of duties from JMAT to local medical institutions
(11) Declaration to terminate the dispatch of JMAT (decision about JMAT II dispatches)
(12) Work to be addressed after JMAT teams complete their activities (burden of expense, activity reports, etc.)

Details of JMAT activities

(1) Providing medical care and health management in first aid stations and shelters
- Clarifying and improving the nutritional status such as water and meals
- Checking the health condition of evacuees
- Ascertaining and assisting the vulnerable
- Providing public health and infectious disease measures

(2) Providing medical assistance at local hospitals and clinics in the disaster areas
(3) Providing medical and nursing care for at-home patients, and health management
(4) Clarifying and assessing the medical needs at the dispatch sites
- Main patient profiles
- Persons requiring special medical and nursing care assistance such as intractable disease patients and persons with disabilities
- Incidence of infectious diseases and other diseases
- Need for additional dispatches
- Mobility of disaster victims; period of withdrawal

(5) Identifying locations where medical support is not available and providing traveling clinics in such areas
(6) Collecting/ascertaining local information and providing feedback to prefectural medical associations dispatching JMAT teams
- Dispatch advance teams as needed
- Cooperate with local health professionals such as public health nurses and visiting nurses (since they know the situation of patients in the disaster areas and geographical features better than JMAT members, who are rotated every three to seven days)
- Transportation routes (access to the destination from the airport, main train station, and main roads in the disaster areas; return roads; securing fuel, etc.)
- Status of disaster victims (number of evacuees by gender and age, level of community spirit, community organizations), geography of the affected areas and weather conditions
- Status of public health (including toilets, dust dispersal from rubble, sludge)

- Safety of the disaster areas (risk of secondary disasters)
- Shortage of relief supplies include pharmaceuticals
- Occupations that are needed
- Local coordinators, shelter leaders, support acceptance contact point, etc.

(7) Support to organize meetings to coordinate with local health professionals
(8) Patient transportation
(9) Smooth transition of duties to reconstructed medical institutions in the disaster areas

Team composition

1. Case example of team members

(1) One physician, two nurses and a clerical staff (main work of the clerical staff: driving, medical coding, keeping a record of JMAT activities, collecting information, contacting and coordinating with relevant parties, reporting to the medical association in charge of dispatching JMAT teams, etc.)
(2) Pharmacists
(3) Emergency medical technicians, nursing and welfare personnel, nutritionists, etc.

2. Concept behind organizing the medical team

(1) The team composition given in **1.** is a typical case example. Team composition should be flexible based on staff availability by the prefectural medical associations dispatching the JMAT team as well as local needs.
(2) JMAT does not need to be composed of members who belong to the same medical institution or organization.

3. Dispatch period

(1) The overall dispatch period should be from the day the JMA requests the prefectural medical associations outside the disaster areas to organize JMAT until the day the team returns.
(2) The dispatch period for a JMAT is approximately three to seven days.

JMAT applications

(1) Prefectural medical associations outside the disaster areas should submit JMAT applications to the JMA using **Form 2**.
(2) It is acceptable for JMAT to be organized based on a request from the prefectural governor (a team representing both the JMA and the prefectural government).
(3) If the dispatch destination requested by the JMA and the prefectural government differ and the dispatch site requested by the government is the one that is chosen, the team should be regarded as a JMAT upon application from the dispatching prefectural medical association, on the condition of coordination with the prefectural medical association in the disaster areas.

Assigning JMAT dispatches

(1) If an area needing medical support is within a single prefecture, JMAT teams are in principle dispatched by a medical association in the neighboring district.
(2) In the case of a widespread disaster that has occurred over multiple prefectures, the prefectures to which teams are to be dispatched should be decided by the judicial districts of the medical associations. Such cases, the geographical relationships and transportation routes between the dispatching prefectural medical associations and the disaster-affected prefectures and the size of the relevant prefectural medical associations (the number of members) are taken into account.
(3) Specific dispatch sites (cities, towns, villages, shelters, etc.) are decided based on collaboration among prefectural medical associations involved in relief activities after prefectural medical associations in the affected areas request the JMA to dispatch a JMAT.

Chronological and systematic dispatch

In principle, JMAT teams are sent from the same prefectural medical associations to the same areas within the prefecture chronologically, continuously, and systematically, except during the period of mass dispatch immediately after a disaster, for the following reasons.

(1) To avoid a time gap between the withdrawal of advance teams and the start of activities by succeeding teams
(2) To ensure organic cooperation and succession of duties between previous teams and succeeding teams

Ensuring the safety of JMAT members

Supporting the safety of JMAT members is a priority concern in JMAT activities.

(1) Coverage in JMA's accident insurance
(2) Compensation for secondary disasters based on agreements between the prefectural med-

ical associations and the prefectural governors
(3) Vaccinations for members if needed
(4) Collection and provision of information during a major disaster
(5) Cancellation of dispatches and decision to withdraw

Equipment and supplies carried by JMAT

(1) Medical equipment and supplies including pharmaceuticals and medical devices
(2) Equipment to deal with dust and asbestos, etc., and to handle medical waste disposal
(3) Physician ID (JMA membership card, ID card issued by a medical institution, etc.); the same for other occupations
(4) Other equipment and supplies (identification vests, food, sleeping gear, etc.)
(5) Emergency transit passes
(6) Relief supplies for shelters, etc. (AED units, portable cots, elderly relief manuals for citizens, educational materials to combat infectious diseases and to promote public health, etc.)

JMAT Activities

Pre-disaster (normal operation)

1. Pre-registration system

Pre-registration is an effective means of providing education and training and quickly organizing teams. It is advisable for prefectural medical associations that organize and dispatch JMAT to register members in advance.

However, physicians and other health personnel from around the country are expected to contribute to the JMAT program based on professional autonomy, regardless of pre-registration and medical association membership status.

2. Training and drills

(1) Disaster medicine training for all medical association members

During the period known as Zero Hour (the time immediately after the onset of a disaster before external medical relief teams such as DMAT teams arrive), local physicians and medical associations in the disaster areas must respond to local medical needs. Disaster medicine training should be linked to continuous medical education, and such programs should include disaster risk evaluation based on specific local characteristics, required medical skills, and collaboration between DMAT and JMAT teams.

(2) Factors to keep in mind
- Basic philosophy and principles supporting JMAT, ideas of JMAT members, basic points pertaining to disaster medicine
- Response to special disasters (psychological effects on residents and the community)
- Acceptance of medical teams (coordinator)
- Collection of information including the type of disaster, related systems, and EMIS
- Logistics
- Media relations

3. Selection and preparation of a list of portable equipment

4. Establish means of disseminating and sharing information

During a disaster

1. JMA decides the JMAT scheme for the disaster

(1) Prefectures to which JMAT teams are to be dispatched
(2) Areas for which prefectural medical associations are responsible for
(3) Check details of JMAT activities and team composition
(4) Thorough compliance with JMAT principles
(5) Decide on materials related to JMAT activities
(6) Accident insurance contract between the JMA and an insurance company, coverage of immediate expenses
(7) Request from the MHLW, etc. to dispatch JMAT teams to the disaster areas
(8) Cooperation with hospital organizations and professional associations to participate in JMAT
(9) Request storage of documents related to JMAT operations

2. Team composition

3. JMAT dispatch

4. Medical support activities in the disaster areas

5. Cooperation with other medical teams and relevant persons in the disaster areas

Sharing of information and establishing consensus among relevant persons through morning and evening meetings held by the local medical association

6. Information sharing

(1) Handle situations where there is a time gap before the duties of previous teams are succeeded by incoming teams
(2) Coordinate the transfer of duties to a JMAT

dispatched by another prefectural medical association

7. Ensure the safety of JMAT members

8. Resolve legal issues and disseminate information about the solutions

(1) Handling pharmaceuticals and drug prescriptions

(2) Handling cases where hospitals and clinic directors are absent for long periods as JMAT members

(3) Dealing with the rebuilding of medical institutions in the disaster areas (simplified facility opening procedures, implementation after-the-fact, etc.)

Shift to the restoration phase

1-1. Decisions concerning the period of JMAT withdrawal at the municipality, shelter level

(1) Under the coordinated system functioning at the disaster areas, assess the future medical needs in a meeting among relevant local parties, JMAT, and other medical teams, etc.
- Resuming usual care by local medical institutions (medical practice covered under public health insurance)
- Downsizing and merging of shelters, reducing evacuees
- Mitigating the need for disaster medicine
- Starting relief activities by prefectural medical associations in the affected areas

(2) Decisions made by local response headquarters

(3) Request for JMAT withdrawal from prefectural medical associations in the disaster areas

1-2. Transition of duties from JMAT teams to local medical institutions

(1) Regulating medical care of patients and residents
- Case Example: JMAT teams continue to provide care during after-hours and weekends or triage during daytime hours on weekdays while regular practice is provided by local medical institutions.

(2) Information sharing

1-3. Systematic withdrawal

(1) Plan phased withdrawal and systematic transfer of duties to local medical institutions in order to minimize confusion in the affected areas and to alleviate resident concern and anxiety

(2) If possible, prepare a roadmap for the period of JMAT withdrawal to restoration of local healthcare, and make it clear to residents

(3) JMAT should operate under the coordinated system set up in the disaster areas in order to withdraw systematically.

1-4. Cooperation with the parties involved

(1) Administrations

(2) Nursing care and welfare-related organizations, support organizations for families of victims killed in the disaster, etc.

2. Declaration to terminate the dispatch of JMAT (prefectural level)

(1) Based on the results of discussions held with the prefectural medical association in the disaster areas, JMA should terminate the dispatch of JMAT and notify all prefectural medical associations of this decision.
- Intent to terminate the dispatch of JMAT
- Planned termination date, etc.

(2) When JMAT teams have been sent to multiple prefectures, the declaration to terminate the dispatch of teams is issued when the last JMAT is terminated.

(3) All JMAT activities end on the planned termination date.

(4) Accident insurance coverage continues until all JMAT team members have returned, even if it is after the planned termination date.

3. Decision on the need to provide healthcare support following withdrawal of JMAT (JMAT II)

(1) If the following situations exist in the disaster areas following the end of JMAT activities:
- Poor accessibility to healthcare (closing/reorganization of medical institutions, residents moving into temporary housing or to other areas, etc.)
- An increasingly serious shortage of physicians and other health personnel due to the deaths of physicians, etc. in the disaster and their exodus to other areas
- A higher demand for physicians and medical teams due to changes in the types of diseases and increase in the number of patients

(2) In addition to requests from prefectural medical associations in the affected areas, it is support that is in compliance with the JMAT basic policy and principles.

(3) The purpose of JMAT II is to prevent disaster-related deaths such as solitary deaths in temporary housing and inadequate attention to

mental care needs
(4) Team composition of JMAT II includes physicians
(5) Details of JMAT II activities
- Support of healthcare provided by prefectural medical associations and medical institutions in the disaster areas
- Mental care, examination and treatment support, home-visit medical services, health tests, vaccinations, etc.

4. Summary, examination and improvement of JMAT activities; disclosure of the work

5. Archiving records for future use

6. Post-traumatic stress disorder (PTSD) measures for JMAT members

(1) Cooperate with the Japan Psychiatric Hospitals Association, and conduct questionnaire surveys
(2) Mandatory rest
(3) Review education programs during periods of normal operation
(4) Review a post-JMAT care program

7. Billing for actual expenses

Form 1　JMAT Shelter Check List

JMAT Shelter Check List		
Filled out by: _____ Affiliation: _____ Medical Association		
Date		
Name of Shelter		
Shelter Address		
Capacity		
Male/female Ratio		
Vulnerable (elderly, children, pregnant women, dialysis patients, patients requiring treatment)		
Medical needs (include the demand for medical supplies)		
Possibility of radiation exposure		
Water/food		
Toilets/sanitation		
Persons needing nursing care		
Triage card at the shelter	Red card	persons
	Yellow card	persons
	White card	persons
Others		

Form 2 JMAT Application Form

To: JMA Community Healthcare Department I

Name of Prefectural Medical Association _____

JMAT Application Form

● Application date: _____

● Prefectural Medical Association

	Name	Contact
Officer in charge		
Secretariat		
Emergency contact		

● Team composition (If you are organizing more than one team, please make a copy of this form for the other teams.)

	Name	Age	Sex	Affiliation	Occupation	Emergency contact (Mobile phone or other reliable contact)	Specialty
1 (Leader)							
2							
3							
4							
5							

Contact information of the team leader
Address:

Tel: Mobile phone:

Fax: E-mail:

● Period available: Date _____ (time _____) to Date _____ (time _____)

Departure Date _____ Return Date _____

* The JMA will send details about the dispatch to the prefectural medical association and team leader as soon as preparations for the dispatch have been made.

Japan Medical Association Emergency and Disaster Medicine Management Committee

(as of March 2012)

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