Submission Form Journal of Japan Academy of Health Sciences

Please examine the list of items below and check the boxes that apply

Date of Submi	ssion: / /	
Are all authors	s members of JAHS?	
Specialization	Area: Nursing Physiotherapy	
	\square Occupational therapy \square Radiography \square Others	\$
Manuscript : I total no more	No more than 7,000 words in principle. Tables, figures and pl	hotographs must be
	nan o pages.	
<u>Text</u> :	pages	
Tables:	pages Figures: pages Photographs:	pages
Check list		
☐ Manuscript	and copy	
☐ Two hard c	opies of the manuscript	
\square Electronic	media (DVD, USB, etc ; labeled with corresponding author r	name, affiliation and
names of fil	es).	
☐ Manuscript	title	
☐ Author(s) r	name(s)	
\square Correspond	ling author's affiliation, address, phone, fax and e-mail	
☐ Abstract (3	00 or fewer words)	
☐ Key words	(5 or fewer words)	
☐ Tables, figu	res and photographs with their titles and numbers	
☐ Instruction	s indicating where to insert tables, figures and photographs in t	the text
Offprints re	equirement(above 30)	
Reference No.	Title	Category (🗸)
		1 🗆 Original Article
		2 □ Research Paper
		3 Practical Report
Corresponding	author's information	
Address		
Name		
Phone	FAX	
E-mail		

Author Consent Form

I submit this manuscript to the Journal of Japan Academy of Health Sciences. I warrant that this article is not under consideration by another journal and has not been previously published. Upon acceptance by the Journal of Japan Academy of Health Sciences, the ownership of all copyrights for the article is transferred to the Japan Academy of Health Sciences.

Corresponding author:	PRINT NAME		SIGNATURE		
	Membership No.				
Affiliation					
Manuscript Title					
script. We certify that thi it been previously publis Sciences, the ownership my of Health Sciences.	is article is neither un hed. Upon acceptand of all copyrights for	nder consideration ce by the Journal o	mitted version of the manu- by another journal nor has of Japan Academy of Health eferred to the Japan Acade-		
Coauthor: PRI					
PRI	NT NAME		SIGNATURE		
Membership No		Date			
Affiliation					
Coauthor: PRII					
PRI	NT NAME		SIGNATURE		
Membership No		Date			
Affiliation					
Coauthor: PRI					
PRI	NT NAME		SIGNATURE		
Membership No		Date			
Affiliation					
Coauthor: PRI		_			
PRI	NT NAME		SIGNATURE		
Membership No		Date			
Affiliation					