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No. _____

Vaccine test package ・ Application form for promotion of establishment such as testing for all target persons

Reiwa date

1 Identity verification

family name: _____

address: _____

sex: Birthday:

Contact phone number) _____

(Email address) _____

2 Number of inspections used

Number of free inspections (excluding administrative inspections) used in the past

* If the number and frequency are high, we may ask you to clarify the reason.

_____ times

3 Presence or absence of fever and other subjective symptoms (please fill in ✓)

① Yes

② None

4 Purpose of inspection (please fill in ✓)

Select one from the following for the purpose of today's inspection

① Because it is necessary for conducting economic and social activities such as eating and drinking , events, travel and homecoming

(Valve / test package system or test for all subjects, etc.)

② Others (voluntary efforts by the private sector)

* In both cases (1) and (2), as a general rule, the test is carried out by an antigen qualitative test .

5 If any of the following applies , please fill in ✓ .

We presented a reservation slip, etc. that shows the outline and date of economic and social activities, which is the purpose of the inspection, or submitted a petition . (* Required answer)

6 Vaccination status (* One of them must be answered)

The third inoculation has not been completed.

Although it has been inoculated for the third time, it depends on the following cases, so even if the person has completed the third inoculation , the test will be performed.

It was necessary to take the examination , and I presented documents explaining that fact or submitted a petition .

① When using the inspection system for all target persons

are required for activities that involve contact with the elderly and those with underlying illnesses .

Etc. _

7 Reasons for using PCR tests, etc. (* Only if applicable , one of them must be answered)

The inspection applicant must be under 10 years old .

Contact with the elderly and persons with underlying illness is planned, and documents explaining that fact have been presented or a petition has been submitted.

(Confirmation items) * Please fill in ✓

If the test result is positive, you will see a medical institution.

I certify that there is no falsehood regarding the above items, and agree that this application may be submitted to the prefecture if requested by the prefecture. In addition, when the prefecture deems it necessary and makes an inquiry to the municipality based on the information of the name, address, gender, and date of birth that you have entered regarding the presence or absence of vaccination in order to ensure the proper execution of this project. , I agree that the municipality may respond as to whether or not it has been vaccinated.

* 1: If the content of the declaration is found to be false, we may ask you to bear the inspection fee and take measures that the prefecture deems necessary . In addition, the local government may separately confirm the presence or absence of vaccination.

* 2 : For the next test application , the validity period of the PCR test result notification, etc. is 3 days, and the validity period of the antigen qualitative test result notification, etc. is 1 day. Please take into consideration the number of days that have passed since the last inspection before applying .

Person in charge confirmation column

Implementation of	Classification in free inspection business
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identity verification		
	VTP / all inspection equal parts	applicable (other than the ones on the left)
	*date:____ * Document type: Tickets, reservation slips, tickets, petition forms, etc. ()	
Types of inspections to be carried out * Circle one of them PCR test , etc./Antigen qualitative test	others * Fill in when requesting clarification of the number of times	