

Year Month Date

To: Mayor of Chiba City

Applicant (Name)

Address 〒 —

Address

(Phone)

Issuance of Vaccination Request Form (Application)

I would like to apply for the issuance of a Vaccination Request Form, as I need it in order to receive vaccinations.

Vaccination name		Pneumococcal vaccination for the elderly			
Vaccination Schedule		Year	Month	Date	
Vaccinated Person	Name				Gender Male Female
	Date of Birth	Year	Month	Date	Years Old
	Address (registered)	Zip Code Chiba City	Ward	Telephone	
Medical Institution to Receive Vaccination					
Current Address (Facility name/address)		〒 —	(C/O)		
Request Form Mailing Address		1 Current Address 2 Address (registered) 3 Other Address : 〒 —)			
Reason for Request		1 Being Hospitalized in an Institution outside the City 2 Staying in a facility outside the City 3 Other ()			

(Submission / Mailing to) Chiba City Health Center, Infection Countermeasures Division, Vaccination Group)

〒261-8755 1-3-9, Koumachi, Mihama-ku, Chiba City

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