## Reasons for voluntary vaccination cost subsidy, special reasons, Chiba City

(To) Mayor of Chiba City

Year Month Day

For those who cannot be expected to have the preventive effect of routine vaccinations that have been vaccinated by hematopoietic cell transplantation surgery, we have determined that it is possible to re-vaccination the pre- vaccinations.

In addition, the necessity of re-inoculation and side reactions were fully explained, and the person himself / herself acknowledged.

Inoculated person	Address	Chiba City	Ward			
	(Furigana) Name					□ □ Male Female
	Date of Birth	Year	Month	Date	Years Old	Month
Name of Disease						
Date of transplant		Year	Month	Date		
the routi has	sons for judging that preventive effect of ne immunization that already been inoculated not be expected					
Type of vaccination that needs to be revaccinated ※ Please circle the vaccinations that apply to you.		<ul> <li>BCG (under 4 years old)</li> <li>Hib (under 10 years old)</li> <li>Pediatric pneumococcus (under 6 yr)</li> <li>Hepatitis B</li> <li>Four kinds of mixture (under 15 yr)</li> <li>Mixed two types</li> <li>Measles • Rubella (MR)</li> <li>Chickenpox</li> <li>Japanese encephalitis</li> <li>Inactivated polio</li> <li>HPV</li> <li>others (</li> </ul>		<ul> <li>: 1st</li> <li>: 1st inoculation (1st, 2nd, 3rd) • Additional inoculation</li> <li>: 1st inoculation (1st, 2nd, 3rd) • Additional inoculation</li> <li>: 1st, 2nd, 3rd</li> <li>: First term (1st, 2nd, 3rd) • Additional inoculation</li> <li>: 2nd term</li> <li>:1st term, 2nd term</li> <li>:1st, 2nd</li> <li>: 1st term (1st, 2nd, 3rd), Additional inoculation</li> <li>: 1st, 2nd, 3rd</li> </ul>		
Medical Institution	Name					
	Address					
Medi	Docter's name (Signature or Signature and Stamp)					

[[Notes on the preparation of a statement of reasons]]

- Please note that the section in charge of Chiba City may inquire about the contents of this letter of reason individually.
- The vaccinations to be re-vaccinated are only those that have been given as routine vaccinations in the past. The vaccinations to be re-vaccinated are voluntary vaccinations.
- · Vaccinations to be re-vaccinated through this application will be voluntary vaccinations.