

Chiba City Application for Voluntary Vaccination Cost Subsidy for Special Reasons

Year Month Day

(To) Mayor of Chiba City

Applicant(Guardian)Address _____

Name _____

(Signature or Signature and Stamp)
(Relationship to the applicant)

Tele number _____

In accordance with the provisions of Article 6 of the "Chiba City Subsidy Program for Voluntary Vaccination Expenses for Special Reasons", I would like to apply for certification to receive the subsidy as follows. I agree that Chiba City may contact the medical institutions concerned and provide them with necessary information (such as the status of the disease) regarding the vaccination.

Inoculated person	Address	<input type="checkbox"/> same as applicant <input type="checkbox"/> Chiba City Ward				
	(Furigana) Name					<input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth	Year	Month	Date	Years Old	Month
Type of vaccination that needs to be revaccinated ※ Please circle the vaccinations that apply to you.	<ul style="list-style-type: none"> • BCG (under 4 years old) : 1st • Hib (under 10 years old) : 1st inoculation (1st, 2nd, 3rd) ・ Additional inoculation • Pediatric pneumococcus (under 6 yr) : 1st inoculation (1st, 2nd, 3rd) ・ Additional inoculation • Hepatitis B : 1st, 2nd, 3rd • Four kinds of mixture (under 15 yr) : First term (1st, 2nd, 3rd) ・ Additional inoculation • Mixed two types : 2nd term • Measles ・ Rubella (MR) : 1st term, 2nd term • Chickenpox : 1st, 2nd • Japanese encephalitis : 1st term (1st, 2nd, 3rd), Additional inoculation • Inactivated polio : 1st term (1st, 2nd, 3rd), Additional inoculation • HPV : 1st, 2nd, 3rd • others (
Medical institution scheduled for vaccination	(Name of Institution) (Address) (Tele Number)					
Attachment Check box	<input type="checkbox"/> Doctor's statement of reasons (Form No. 2) <input type="checkbox"/> A copy of a document confirming the vaccination record, etc.					

(Notes)

- (1) Vaccinations that are eligible for the subsidy are limited to those that have been given as routine vaccinations in the past.
- (2) Vaccinations to be re-vaccinated through this application will be voluntary vaccinations.
- (3) Vaccinations administered prior to certification as a subsidy recipient through this application are not eligible for the subsidy.