

To: The Mayor of Chiba City

Year Month Date

Applicant (Name)

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 a vaccination.

Name of Vaccination		Elderly Influenza Prevention Vaccination			
Scheduled Date of Vaccination		Year	Month	Date	
Vaccinated person	Name			性別	男・女
	Date of birth	Year	Month	Date	Years Old
	Registered Address	Chiba City	Ward		Phone
Name of Inoculation Medical Institution					
Residence Address (or name and address of facility)		Address (Care of Phone)			
Send the request form to		1 Place of stay 2 Address (registered place of residence) 3 Other (Location: 〒 -)			
Reason for application		1 Hospitalized in a medical institution outside the city 2 In an institution outside the city 3 Other ()			

Chiba City Public Health Center, Infectious Disease Control Division, Vaccination Team
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