

県内他市町での予防接種申請書

REQUEST FOR VACCINATION IN ANOTHER MUNICIPALITY WITHIN SHIZUOKA

磐田市市長 様

For Iwata City Mayor

Table with fields: Who will vaccinate, Address (Iwata-shi), Phone, Birth date, Name of child, Gender, Householder, Relationship.

上記の者は、「定期予防接種の市町間相互乗入れ業務委託契約」に基づき、以下のように予防接種を申請します。
The person above, request for the vaccination below according to the 「Covenant agreement term as the vaccine schedule」.

Form for reasons why not vaccinate in Iwata City. Circulate the number of the reason.
1 帰省しているため - Is in parents home temporarily.
2 かかりつけ医で受けたいため - Wants vaccinate in the Clinic that is used to.
3 その他 - Other reasons.

今年度中に、接種を希望する予防接種に○をお願いします。 Circulate the vaccine will take within this Fiscal Year.

Table with columns for vaccine types (Hib, Pneumococcal, 5in1, Triple, Polio, BCG, Rota) and rows for vaccination status (Initial, Additional, etc.).

接種を希望する医療機関 Fill in about the Medical institution where is going to vaccinate.
所在地-Address
医療機関名-Name of Clinic
電話番号-Phone

Form for applicant details: year/month/day, protection status, address, name, relationship, and a checklist of documents (依頼書, 請求書, etc.).