

Application for COVID-19 vaccination coupons

To the Mayor of the City of Sapporo

I hereby file an application for the issuance of COVID-19 vaccination coupons due to the following reason.

Date of application	年 月 日 (yyyy/mm/dd)	
(Person who wish to get vaccination)		
Japanese furigana		
Full name		
Date of birth	年 月 日 (yyyy/mm/dd)	
Address	〒	
Telephone	— —	
Vaccination record	First dose	<p>① Date of vaccination: 年 月 日</p> <p>② Name of vaccine (check an appropriate box):</p> <p><input type="checkbox"/>Pfizer <input type="checkbox"/>Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Novavax</p> <p><input type="checkbox"/>Other ()</p> <p>③ Place of vaccination: ()</p>
	Second dose	<p>① Date of vaccination: 年 月 日</p> <p>② Name of vaccine (check an appropriate box):</p> <p><input type="checkbox"/>Pfizer <input type="checkbox"/>Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Novavax</p> <p><input type="checkbox"/>Other ()</p> <p>③ Place of vaccination: ()</p>

