## 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	□Pfizer	vaccine (	check a	年月日 an appropriate box): AstraZeneca □Novavax )		
	Second	② Name of  □Pfizer  □Other (	vaccine (	check a	年月日 an appropriate box): AstraZeneca □Novavax )		

			•				
			① Date of vaccination: 年 月 日				
		Third	② Name of vaccine (check an appropriate box):				
		dose	□Pfizer □Moderna □Novavax				
			□Other_(				
			③ Place of vaccination: (	<u>)</u>			
Reason applicat							
		※A docı	ument to prove your residence may need to be attache	d.			
(Applicant) **No need to fill out the section below if the applicant is the same as above.							
Japanese fu	ırigana						
Full nar	ne						
Addres	SS						
Telepho	ne						
(事務処理欄) O	ffice use or	nly					
本人確認	運転	免許証 ・	保険証 ・ 他( )				
居住確認	賃貸	借契約書	• 他(				
接種状況確認	接種	記録書・	他 (				
委任状	有	· 無					