

Reason for taking the 4 th shot	<input type="checkbox"/> Those who are over 60 years of age <input type="checkbox"/> Those who are aged between 18 and 59 years old with the following underlying medical conditions <ul style="list-style-type: none"> • Chronic respiratory disease • Chronic heart disease (including hypertension) • Chronic kidney disease • Chronic liver disease (liver cirrhosis, etc.) • Diabetes being treated with insulin or medication, or diabetes associated with other diseases • Blood diseases (excluding iron deficiency anemia) • Diseases that impair the functioning of the immune system (including malignant tumors under treatment) • Receiving treatment that depresses the immune system, including steroids • Neurological and neuromuscular diseases associated with immune abnormalities • Decreased body functions due to neurological or neuromuscular diseases (including breathing disorders) • Chromosomal abnormality • Severe mental and physical disabilities (severe physical disabilities and severe intellectual disabilities) • Sleep apnea syndrome • Severe mental illness (hospitalized for treatment of mental illness, holding a mental disability certificate or falling under the category of "severe and continuous" in self-supporting medical care (psychiatric hospital care)) Or intellectual disabilities (holding a rehabilitation certificate) <input type="checkbox"/> Those who are aged between 18 and 59 years old, and have a BMI of 30 or higher <input type="checkbox"/> Those who are aged between 18 and 59 years old and has acknowledged by a doctor that there is a high risk of severe conditions when subjected to the Coronavirus
About the 3 rd shot	① Date of vaccination : _____ 年 月 日 (YYYY/MM/DD) ② Name of vaccine (check an appropriate box) : <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Other (_____) ③ Place of vaccination (check an appropriate box) : <input type="checkbox"/> Medical institution <input type="checkbox"/> Mass vaccination site <input type="checkbox"/> Workplace <input type="checkbox"/> Other (in detail : _____) ④ Name of the place of vaccination : (_____) ⑤ Municipality that issued the coupon : (_____) ※ Provide the name of the municipality that the coupon was sent from..

※ **Make sure to enclose copies of the 3rd vaccination certificates/records.** The City will not be able to issue the vaccination coupon until confirming the valid certificates/records.

※ **The coupon will be sent to the address shown on the certificate of residence (*Juminhyo*).** If you wish to receive the coupon to an address other than that due to unavoidable circumstances, please use the other form "Application for Reissuance of COVID-19 Vaccination or Change of Delivery Address"

[Application documents must be sent to:]
〒060-8405 札幌市保健所ワクチン接種担当部
(Vaccination Section, Public Health Office, City of Sapporo)
※ ZIP code must be written, but address can be omitted.