

Application for COVID-19 vaccination coupons (4th shot)

For those over 60 years old, the 4th vaccination ticket will be sent 5 months or more after receiving the 3rd vaccination. The 4th inoculation is for people aged 60 and over and people aged 18 to 59 with underlying illnesses

Application date: 年 月 日 (YYYY/MM/DD)

To the Mayor of Sapporo

Japanese Furigana

Applicant's name: _____

Address: _____

TEL: _____

Relationship with the person who is going to get vaccinated:

☐ Same person ☐ Same household member ☐ Other ()

I agree to the following and apply for the issuance of a vaccination coupon.

(Please read the following (1) and (2) carefully, and check ☐)

☐ (1) I will refer to my 3rd vaccination certificate/record carefully when filling out this form.

☐ (2) [If applicable] I will discard my vaccination coupon for the 4th shot issued at the municipality from which I moved out.

Person who is going to get vaccinated	Furigana	<input type="checkbox"/> Same as the applicant	
	Full name		
	Address as shown on the certificate of residence (Juminhyo)	<input type="checkbox"/> Same as the applicant	〒
	Date of birth	年 月 日 (YYYY/MM/DD)	
Reason for application		<input type="checkbox"/> I am 18-59 years old, and have underlying health conditions <input type="checkbox"/> I did not receive the coupon. <input type="checkbox"/> I have lost/damaged my coupon. <input type="checkbox"/> I just moved into Sapporo City. <input type="checkbox"/> The coupon I received was used only for consultation with the doctor. <input type="checkbox"/> Other)	

(Please turn over the page)

Reason for taking the 4 th shot	<p><input type="checkbox"/> Those who are over 60 years of age</p> <p><input type="checkbox"/> Those who are aged between 18 and 59 years old with the following underlying medical conditions</p> <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) <p><input type="checkbox"/> Those who are aged between 18 and 59 years old, and have a BMI of 30 or higher</p> <p><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</p>
About the 3 rd shot	<p>① Date of vaccination : _____ 年 _____ 月 _____ 日 (YYYY/MM/DD)</p> <p>② Name of vaccine (check an appropriate box) :</p> <p><input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca</p> <p><input type="checkbox"/> Other (_____)</p> <p>③ Place of vaccination (check an appropriate box) :</p> <p><input type="checkbox"/> Medical institution <input type="checkbox"/> Mass vaccination site <input type="checkbox"/> Workplace</p> <p><input type="checkbox"/> Other (in detail : _____)</p> <p>④ Name of the place of vaccination : _____ (_____)</p> <p>⑤ Municipality that issued the coupon : (_____)</p> <p>※ Provide the name of the municipality that the coupon was sent from..</p>

※ **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.