

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	① Date of vaccination: 年 月 日 ② Name of vaccine (check an appropriate box): <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Other () ③ Place of vaccination: ()
	Second dose	① Date of vaccination: 年 月 日 ② Name of vaccine (check an appropriate box): <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Other () ③ Place of vaccination: ()

