

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>

	Third 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"/> Novavax <input type="checkbox"/> Other (_____) ③ Place of vaccination: (_____)
	Fourth 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"/> Other (_____) ③ Place of vaccination: (_____)
Reason for application	※A document to prove your residence may need to be attached.	
(Applicant) ※No need to fill out the section below if the applicant is the same as above.		
Japanese furigana		
Full name		
Address		
Telephone		

(事務処理欄) Office use only	
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