

Outside-of-Address COVID-19 Vaccination Notification

Date: _____
YYYY MM DD

To the Mayor of Minato City

Applicant Name: _____

Current Address: _____

Tel.: _____

Relationship with Vaccine Recipient
 Self
 Cohabiting relative
 Other (_____)

I hereby submit my Outside-of-Address COVID-19 Vaccination Notification as I would like to receive a COVID-19 vaccination in Minato City.

Name <small>same as the name on the Machine-Readable Zone on a passport</small>	<input type="checkbox"/> Same as Applicant								
Address Listed on Jyuminhyou (Certificate of Residence)	<input type="checkbox"/> Same as Applicant	〒 _____ - _____							
Currently Address	<input type="checkbox"/> Same as Applicant	〒 _____ - _____							
Date of Birth	Year (YYYY)		Month (MM)			Day (DD)			
Vaccination Ticket Number (10 digits)									
Vaccination Status <small>(Those who have submitted a certificate of vaccination or a record of vaccination are not required to fill out this section)</small>	<input type="checkbox"/> Unvaccinated <input type="checkbox"/> Vaccinated 1 st · 2 nd <input type="checkbox"/> Vaccinated 3 rd times <input type="checkbox"/> Vaccinated 4 th times <input type="checkbox"/> Vaccinated 5 th times <input type="checkbox"/> Vaccinated 6 th times								
	<input type="checkbox"/> Date of vaccinations <div style="text-align: right; margin-right: 50px;"> YYYY / MM / DD </div> 1 st dose: _____ / _____ / _____ 2 nd dose: _____ / _____ / _____ 3 rd dose: _____ / _____ / _____ 4 th dose: _____ / _____ / _____ 5 th dose: _____ / _____ / _____ 6 th dose: _____ / _____ / _____								
	<input type="checkbox"/> Type of Vaccine 1 st dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____) 2 nd dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____) 3 rd dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____) 4 th dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____) 5 th dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____) 6 th dose: <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Other (_____)								
Reason for the Notification	<input type="checkbox"/> Solo job transfer <input type="checkbox"/> Student boarding in remote area <input type="checkbox"/> Homecoming due to childbirth <input type="checkbox"/> Seeking refuge due to child abuse or similar acts such as domestic violence or stalking <input type="checkbox"/> Residing to provide nursing care <input type="checkbox"/> Evacuation due to disaster damage <input type="checkbox"/> Other (_____)								
Mailing Address	<input type="checkbox"/> Same as Applicant	〒 _____ - _____							

*Please submit this form with a copy of the vaccination ticket issued by the municipality listed on your *Jyuminhyo* (Certificate of Residence)