

# Application to have COVID-19 Vaccination Tickets Issued

Application Date: \_\_\_\_\_  
YYYY MM DD

To the Mayor of Minato City:

I am applying to have COVID-19 Vaccination Tickets issued as outlined below.

Furigana: \_\_\_\_\_  
(Phonetic Transcription)

(Applicant) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Self                       Cohabiting relative

Relationship with  
Vaccine Recipient:

Other ( \_\_\_\_\_ )

## 1. Vaccine Recipient

Name	Furigana	_____	Date of Birth	_____ (YYYY/MM/DD)
	<input type="checkbox"/> Same as applicant	_____		
Address Listed on <i>Jyuminhyo</i> (Certificate of Residence)	<input type="checkbox"/> Same as applicant	〒 _____ Minato City,		

## 2. Vaccination Tickets you Wish to Have Issued (Place a check in the appropriate box)

<input type="checkbox"/>	First and/or Second Vaccination Tickets
<input type="checkbox"/>	Third Vaccination Ticket <small>*5 months after second vaccination</small>
<input type="checkbox"/>	Fourth Vaccination Ticket <small>*5 months after third vaccination</small>

A fourth vaccination ticket will be issued if you are eligible as indicated by the government. Check the appropriate box in the column on the right.

\* Only individuals who are requesting a fourth vaccination ticket should fill in the bold bordered boxes below.

<input type="checkbox"/>	Individual aged 60 years old or older (as of the vaccination date)
<input type="checkbox"/>	Individual aged 18 to 59 with an underlying illness, etc. ⇒ Enter the name of the underlying illness or the number(s) (refer to back side) Underlying illness name: _____

\*Refer to the back side of this page for underlying illnesses, etc. that are covered.

## 3. Vaccination Status

	First Vaccination	Second Vaccination	Third Vaccination
<b>Vaccination Status</b> <u>*If you are submitting a copy of your proof of vaccination, vaccination record, or vaccination certificate, then you do not need to fill in this field.</u>	<b>①Vaccination Date:</b> _____ <small>YYYY MM DD</small>	<b>①Vaccination Date:</b> _____ <small>YYYY MM DD</small>	<b>①Vaccination Date:</b> _____ <small>YYYY MM DD</small>
	<b>②Vaccine Type:</b> <input type="checkbox"/> Pfizer <input type="checkbox"/> Takeda/Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Other ( _____ )	<b>②Vaccine Type:</b> <input type="checkbox"/> Pfizer <input type="checkbox"/> Takeda/Moderna <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Other ( _____ )	<b>②Vaccine Type:</b> <input type="checkbox"/> Pfizer <input type="checkbox"/> Takeda/Moderna <input type="checkbox"/> Other ( _____ )
	<b>③Lot Number:</b> _____	<b>③Lot Number:</b> _____	<b>③Lot Number:</b> _____

## **【Underlying Illnesses that are Covered】**

**○Individuals who are receiving treatment for or are hospitalized for the following illnesses and conditions.**

1. Chronic respiratory illness
2. Chronic heart disease (incl. hypertension)
3. Chronic kidney disease
4. Chronic liver disease (liver cirrhosis, etc.)
5. Diabetes being treated with insulin or oral medicine, or diabetes together with some other illness
6. Blood diseases (excl. iron deficiency anemia)
7. Diseases that compromise/reduce immune system functions  
(incl. malignant tumors for which you are undergoing treatment or palliative care)
8. Receiving treatments that compromise/reduce immune system functions, such as steroids
9. Neurological or neuromuscular diseases associated with immune system abnormalities
10. Neurological or neuromuscular diseases that have resulted in impaired physical functions  
(respiratory disorders, etc.)
11. Chromosomal abnormalities
12. Severe physical and intellectual disabilities  
(combination of a severe physical disability and a severe intellectual disability)
13. Sleep apnea syndrome
14. Severe mental illness (if hospitalized for the treatment of a mental illness, if in possession of a *Seishin Shogaisha Hoken fukushi Techo* (Certificate of the Mentally Disabled), or if the condition is considered to be "severe and continuous" and eligible for independence support (at psychiatric outpatient care)) or intellectual disability (if in possession of a *Ryoiku-no-Techo* (Certificate of Intellectual Disability))

**15.Obese individuals who meet the criteria (BMI of 30 or higher)**

\*BMI = Body Weight (kg) ÷ Height (m) ÷ Height (m)

**16.Individuals who have been deemed by their physician to be at high risk of serious illness in the event of a COVID-19 infection.**