

<p>Vaccination status</p> <p>※There is <u>no need to fill in</u> if you hand in the vaccination certificate.</p>	<p>• Day of getting the vaccination : <u>First dose</u> Year Month Day _____ <u>Second dose</u> Year Month Day _____</p> <p>• Type of vaccine : First dose <input type="checkbox"/>Pfizer <input type="checkbox"/>Takeda/Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Other Second dose <input type="checkbox"/>Pfizer <input type="checkbox"/>Takeda/Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Other</p> <p>• Way of getting the vaccination ※ : First dose <input type="checkbox"/>Venues of the city, medical institutions, work (Municipality which sent the voucher : _____) <input type="checkbox"/>Others (_____)</p> <p>Second dose <input type="checkbox"/>Venues of the city, medical institutions, work (Municipality which sent the voucher : _____) <input type="checkbox"/>Others (_____)</p>
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※“Others” of the “Way of getting the vaccination” are such as abroad.

Authorization Letter

- This authorization letter must be written by the **delegator**.
- Please attach a copy of the **ID (such as driver' s license) of the delegated person**.

Year Month Day

Delegator (The person who asks)	Address	
	Name	
	Birthday	Taisho · Showa · Heisei · Reiwa Year Month Day
Delegated person (The person who was asks)	Address	
	Name	

I will designate the person written above as an agent and delegate the application for the 3rd COVID-19 vaccination voucher.