

Sample

Application form for issuing the voucher for the 3<sup>rd</sup> COVID-19 vaccination

Applying for one's self

※Those who have not passed 8 months in principle after the 2<sup>nd</sup> dose cannot apply for issuing the 3<sup>rd</sup> dose.

Year○ Month○ Day○

To the mayor of Toyohashi

Applicant Name \_\_\_\_\_ Name

Address 〒 440-8501 \_\_\_\_\_ Address

Phone number ○○○-○○○○-○○○○、(0532) ○○-○○○○

Relation with the person receiving the vaccination Self Same household Others ( )

※Please hand in an authorization letter if the person filling this form out is not the one getting the vaccination.

I agree to the followings and apply for the vaccination voucher. (Please check the  of ① and ②)

- ① Records of getting the vaccination at the municipality the applicant lived before will be checked by the city using the my number or other personal information (name, birthday, sex) through the Vaccination Record System to issue the voucher.
- ② Please dispose the 3<sup>rd</sup> vaccination voucher which was issued at the municipality the applicant lived before (if there is).

Person getting the vaccine	Name	<input checked="" type="checkbox"/> Same as the applicant	
	Address stated on the resident's card	<input checked="" type="checkbox"/> Same as the applicant	〒
	Birthday	Taisho · Showa · Heisei · Reiwa	Year○ Month○ Day○
Delivery address	<input checked="" type="checkbox"/> Same as the applicant		
Reason of applying	<input checked="" type="checkbox"/> Moved after getting the second vaccination at another municipality. (Moved from ○○Prefecture ○○City on Year○ Month○ Day○) <input type="checkbox"/> Got the second vaccination abroad <input type="checkbox"/> Other ( )		

<p>Vaccination status</p> <p>※There is <u>no need to fill in</u> if you hand in the vaccination certificate.</p>	<p>• <b>Day of getting the vaccination</b> : <u>First dose</u>      Year○    Month○    Day○  <u>Second dose</u>    Year○    Month○    Day○</p> <p>• <b>Type of vaccine</b> : First dose <input checked="" type="checkbox"/>Pfizer <input type="checkbox"/>Takeda/Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Other  Second dose <input checked="" type="checkbox"/>Pfizer <input type="checkbox"/>Takeda/Moderna <input type="checkbox"/>AstraZeneca <input type="checkbox"/>Other</p> <p>• <b>Way of getting the vaccination</b> ※ : First dose <input checked="" type="checkbox"/>Venues of the city, medical institutions, work  (Municipality which sent the voucher :      <b>Toyokawa</b>      )  <input type="checkbox"/>Others (      )</p> <p>Second dose <input checked="" type="checkbox"/>Venues of the city, medical institutions, work  (Municipality which sent the voucher :      <b>Toyokawa</b>      )  <input type="checkbox"/>Others (      )</p> <p><i>Check the ones that apply.</i></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 3<sup>rd</sup> COVID-19 vaccination voucher.