

Vaccination Ticket Labels





Your Address

Your Name

0000FFFFFF

You are eligible to receive the COVID-19 Vaccine.
There are no costs.
 Your vaccination dates depend on your age group.

志摩市 XXXXXX

| Vaccination Ticket Labels | | | | Received a Medical Exam, But Unable to Receive | | | | | |
|--|-------------|--------|--------|---|-----|-------------|------|--------|----|
| 券種 | 2 | ワクチン接種 | 1 | 回目 | 券種 | 1 | 予診のみ | 1 | 回目 |
| 請求先 | 三重県志摩市 | | XXXXXX | | 請求先 | 三重県志摩市 | | XXXXXX | |
| 券番号 | 0000FFFFFF | | | | 券番号 | 0000FFFFFF | | | |
| 氏名 | (Your Name) | | | | 氏名 | (Your Name) | | | |
|  | | | |  | | | | | |
| 券種 | 2 | ワクチン接種 | 2 | 回目 | 券種 | 1 | 予診のみ | 2 | 回目 |
| 請求先 | 三重県志摩市 | | XXXXXX | | 請求先 | 三重県志摩市 | | XXXXXX | |
| 券番号 | 0000FFFFFF | | | | 券番号 | 0000FFFFFF | | | |
| 氏名 | (Your Name) | | | | 氏名 | (Your Name) | | | |
|  | | | |  | | | | | |

| 新型コロナウイルスワクチン 予防接種済証(臨時) | |
|---|--------------------------|
| Certificate of Vaccination for COVID-19 | |
| 1回目 | メーカー/Lot No. (シール貼付け) |
| 接種年月日 | |
| 年 | |
| 月 日 | |
| 接種場所 | |
| 2回目 | メーカー/Lot No. (シール貼付け) |
| 接種年月日 | |
| 年 | |
| 月 日 | |
| 接種場所 | |
| 氏名 | (Your Name) |
| 住所 | (Your Address) |
| 生年月日 | (Your Birthday) |
| 三重県志摩市長 | |

To Those Receiving the Vaccine:

- DO NOT remove the labels, and bring this entire form with you to your vaccination site.
- Please safely keep the "Certificate of Vaccination for COVID-19" (on the right) after you receive your vaccine doses.