Ŧ	**郵便番号 **地区名 **方書	
	**フリガナ **氏名	样
**Cust	comer barcode	<u></u>

## 新型コロナウイルスワクチン接種 予約票

## New coronavirus vaccination Booking confirmation

接種日時 Vaccination date and time	場 所 Venue
Date : **Date	│ │ **Venue   **会場
Receptio : **Reception time ~	**Address **住所 *Refer to the back side
Waiting time may occur.	

## [Things to bring]

- Vaccination Coupon (If you forget it, you cannot be vaccinated.)
- Prevaccination Screening Questionnaire
- (It was sent with the vaccination coupon. Please fill it out and bring it with you.)
- Booking confirmation(This form: please fill in the physical condition confirmation column)
- Identity verification (driver's license, health insurance card, etc.)
- Medicine notebook (for those who have medicines taken every day)

体調確認欄 Physical condition confirmation column ※Please be sure to fill in below

\*Please fill in the emergency contact number (the number for family members) (

If you have a fever, or if you have at least one of 2 to 4, please refrain from vaccination this time.

( If you	u are an attendant,	please fill in	the physical condition confirmation in the column.)

Confirmation items	Vaccine recipient	Attendant	
1. 会場で測った体温 (入口で測定します。)			
Body temperature measured at the venue (measured at the entrance)	C	C	
2. 本日、かぜ症状、強いだるさ、息苦しさはありませんか?	Yes • No	Yes • No	
Do you have a cold symptom, strong dullness, or suffocation today?	res • NO	res • NO	
3. 2週間以内に発熱やかぜ症状、強いだるさ、息苦しさはありませんか?	Yes • No	Yes • No	
Do you have fever, cold symptoms, strong dullness, or suffocation within 2	Tes • NO	Tes • NO	
4. コロナウイルス感染症の濃厚接触者の経過観察期間に該当しませんか? Are you	Applicable •	Applicable •	
applicable to the follow-up period of close contacts with coronavirus infection?	Not applicable	Not applicable	

## [Note]

■ If you have allergies or underlying illnesses, please consult your doctor before you come. Please understand that you may not be able to get the vaccination without consultation.

Please come in clothes allowed you to easily expose your shoulder at the injection site.

At the venue, we will implement preventive measures for the new coronavirus infection. We ask that all examinees also cooperate in wearing their own masks. (Also for attendants)

Please refrain from vaccination if you have any cold symptoms such as fever, cough, runny nose, sore throat, and dullness on the day.

If an alarm including a storm warning or any special warning is issued at 6 am on the day of vaccination,

it will be canceled. Please make a reservation again.

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