Example of filling out the "Preliminary Examination Form (Yoshin-Hyo)"

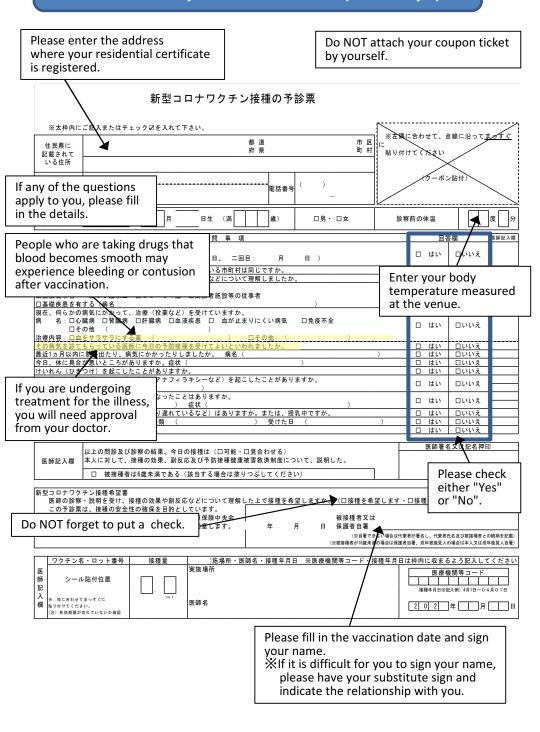
where your residential c is registered.	Do NOT attach your coupon ticket by yourself.					
Preliminary	Examinati	on Form for (COVID-19 \	/accinat	tion ×	i
### Fill in and check the appropriate answer in the bolded box below.						
Address recorded GUNMA-KEN OURA-GUN OIZUMI-MACHI ##Align the coupon with the left corner						
in the Resident and paste it Shajight a Joffg the dotted line.						
Card				貼り合わせるく	_ \	
Katakana		Phone			e the coupon)	
If any of the questions						
					xamination .	°C
in the details.					⊣	
Is this the first time you receive the COVID 15	Ques	stions			Answers Dr. U	se
	rc +b a+	Day, 2nd Time:	Month Day)		□ Yes 🗗 No	
People who are taking drug	as the municipality printed on					
blood becomes smooth ma	/accine"?	Enter y	our body			
experience bleeding or contusion					rature measi	ıred
after vaccination. 4 years old			en Facilities, etc.	at the v	venue.	
☐ Having an underlying disease Name of Dis		old Evolucion school school	err demois, etc.	1		
		nedication, etc.)?		,		\dashv
\	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
\ \		e Ebioda bibedae Ebioca	se triat make it arricale to)	□ Yes □ No	
□Immunodeficiency □Others () Treatment Details: □Drugs that blood becomes smooth. () □Others ()						
Did your doctor in charge for the treatment approve that you receive the vaccination today?						
Have you had a fever of been sick within last 1 month? Name of Disease (Yes No	-
Do you have any concerns about your health today? Symptoms (☐ Yes ☐ No	\dashv	
			,	Yes No	-	
If you are undergoing	rymptoms (e.g. anaphylaxis) caused by medications or foods?					-
treatifient for the liftess,)			☐ Yes ☐ No ——	-	
you will fleed approval					\dashv	
from your doctor.	otoms ()			☐ Yes ☐ No ——	-	
Is there a possibility that you are currently pr) Or are you breastfeedin	σ?	□ Yes □ No	\dashv
Is there a possibility that you are currently pregnant? (Your menstruation is later than expected, etc.) Or are you breastfeeding? Have you received any vaccinations within the past 2 weeks? Type of Vaccination () Date of Vaccination ()					☐ Yes ☐ No	\dashv
Do you have any questions about today's vaccination?					□ Yes □ No	\dashv
Do you have any questions about today a recentation.						
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		と・□見合わせる)			医師署名又は記名押印	\exists
Do NOT forget to put a check. 予防接種健康被害救済制度について.			明した。		\	
	 する場合は	塗りつぶしてください)			+	
COVID-19 Vaccination Request Form					T	
Do you want to receive the vaccination after having been examined and explained by a doctor					Please che	
and have understood the effects of the vaccination and adverse reactions?						s"
(☐ Yes, I want to receive. · ☐ No, I do not.) Patient's Or "No".						
The purpose of this questionnaire is to ensure the safety of the vaccination. With this understanding, Signature						
I agree that this preliminary examination form will be submitted						
to the municipality, the National Health Insurance Organizations (##if the patient cannot sign, sign by the representative and indicate the name of the representative and the relationship with the patient.) (##if the patient is less than 16 years old, sign by his /heapsardian. In the case of an adult ward, sign by the individual or the guardian of the adult.)						
and the Federations of National Health Ir	nsurance Organizations.					ᆜ
ワクチン名・ロット番号	接種量 実施場所	所·医師 Please fil	l in the vacci	nation de	ate and sign	
Please fill in the vaccination date and si your name. **						
						,
(注) 有効期限が切れていないか確認		indica	te the relation	onsnip wi	tn you.	

Please read the "Explanation of COVID-19 Vaccine" carefully, and be sure to fill out the "Preliminary Examination Form" at your home.

If you have any questions, please inquire of us in advance.

Contact Information: Health Promotion Division
Phone 0276-62-2121

Example of filling out the "Preliminary Examination Form (Yoshin-Hyo)"



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