

To those who will receive COVID-19 vaccine

At the vaccination venue, we will try to shorten your stay and make it safer for you to concentrate on vaccination. To this end, we would like to ask for your cooperation in the following ways.



Please fill out the "Preliminary Examination Form (Yoshin-Hyo)" at your home.

There is no space and time to fill out the form at the venue.



If you have an underlying disease, please obtain permission from your doctor.



You must have permission from your doctor who understands your condition.

Presently, do you have any illnesses and are you receiving treatment (medication, etc.)?		
Name of Disease: <input type="checkbox"/> Heart Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Blood Disease <input type="checkbox"/> Disease that make it difficult to stop bleeding <input type="checkbox"/> Immunodeficiency <input type="checkbox"/> Others ()	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment Details: <input type="checkbox"/> Drugs that blood becomes smooth. () <input type="checkbox"/> Others ()		
Did your doctor in charge for the treatment approve that you receive the vaccination today?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



If you have any questions, please ask the consultation counter of your municipality or your medical institution in advance.

On the day of vaccination, only ask questions about your physical condition on that day.



On the day of vaccination, please wear clothes that allow you to show your shoulders.



Medical staff participating in the mass vaccinations will have their normal duties before and after the vaccination. Therefore, it is necessary to complete the vaccination within the allotted time. We ask for your cooperation in ensuring that the vaccination process goes smoothly.