

(For individual applications) Vaccination recipient details
 (個人申請用) 予防接種接種者明細書

Health insurance card code (establishment no.)		Name of establishment	
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Health insurance card no.	Name of person receiving vaccination	Relationship	Date of vaccination	
			First	Second
(e. g.) 123	Kenpo Jiro	Second son	〇〇 / 10 / 1 ¥3,000	〇〇 / 11 / 1 ¥3,000
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥
			/ / ¥	/ / ¥

Affix space for large receipts

Affix here.

- Affix all necessary receipts for the above vaccination recipient(s).
- Affix receipts so that their print is visible.
- If affixing multiple receipts on top of each other, do not affix on the printed portion.
- Affix large receipts to the space at right.

Check the following:

Applications with incomplete receipts will not be accepted.

- Are the receipts originals?
- Do the receipts indicate all of the following information: full name of party receiving vaccination, date of vaccination, provision indicating that the fee is for an influenza vaccination, and date of receipt?
- Are the necessary number of receipts attached?
- If the individual received two vaccinations, have you attached both receipts?
 (For those planning to receive two vaccinations, apply after the second vaccination. Note that you may not apply for an additional subsidy after applying once.)