Vaccination Implementation Status Report (For Pregnant Women – RS Virus)

Inzai City

【Procedures for Vaccination of Pregnant Women】

All pregnant women must submit this form

Name (Katakana)		Submission date(届出日)	Year / Month / Date / /
Name of the pregnant woman		Move-in date (転入日)	Year / Month / Date / /
Address		Date of birth	Year / Month / Date / / (Age: years)
Expected delivery date (出産予定日)	Year / Month / Date / /	Phone number	
		Gestational age	currently _____ weeks

【Consent Regarding Personal Information】

●Regarding vaccination information, I consent to the sharing of information with the municipality where I resided prior to moving here (I consent to Inzai City obtaining information from the municipality where I resided prior to moving here).
※National policy encourages municipalities to obtain vaccination records from the resident's previous city or ward.

●I consent to the City sharing this report with relevant departments when necessary.

●I consent to copying my Maternal and Child Health Handbook to confirm my vaccination history.

Name _____

To be filled out by staff

【Notice of Issuance of Vaccination Screening Form】

We will issue the vaccination screening form marked below; please verify.

Recipient ID. ※(宛名番号)										

※Please fill in the addressee no. field on the vaccination screening form.

Date of Issue (発行日)	Year / Month / Date / /

Vaccines	Verifying Records (記録確認)	Issue(発行)
RS Virus in Pregnant Women	☐	

Office Use Only (職員対応欄)		チェック欄
①	用紙記入・母子手帳コピー(妊娠中の経過・予防接種の記録(その他))	
②	記載済み状況届のコピー	
③	コピーお渡し・説明	
	・別冊番号・宛名番号の予診票記載	
	・接種期間	
	・医療機関	
	・里帰り	
特記事項		

職員確認欄	受付及び発行	確認	確認	入力	確認

令和8年4月改正版