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Vaccination Implementation Status Report

Inzai City

Vaccination Procedures for New Residents (Ages 0–19)

This form must be submitted by individuals aged 19 years or younger.
Submission is required even if all vaccinations have already been completed.

Date of Entry 記入日	Year / Month / Day / /
Move-in Date 転入日	Year / Month / Day / /

Name (Katakana)		Date of Birth 生年月日	Year / Month / Day / / (Age: ___ years ___ months)
Child's Name	(Male / Female)		
Parent/Guardian's Name			
Address		Phone Number	(Father・Mother・)

【Consent to the Use of Personal Information】(個人情報に関する同意)

● I consent to the sharing of information about my child 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.

Parent/Guardian's Name _____ (Consent given via electronic application☐)

---------- To be filled out by staff ----------

【Notice of Issuance of Vaccination Screening Form】

We have received your "Vaccination Implementation Status Report." We will issue the vaccination screening form marked with a circle (○) 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 / Day / /

Vaccines			Verifying Records	Issue
Pediatric pneumococcus (小児肺炎球菌)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
		Booster	☐	
Hepatitis B (B型肝炎)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
Rotavirus (ロタ)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
DPT－IPV－Hib (5種混合)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
		Booster	☐	
DPT－IPV (4種混合)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
		Booster	☐	
Hib (ヒブ)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
		Booster	☐	
DT(2種混合)	2nd	Sent individually the month before the child's 11th birthday	☐	Individual Notice

Vaccines			Verifying Records	Issue
BCG(結核)			☐	
Measles・Rubella (MR)		phase 1	☐	
		phase 2	☐	
Varicella 水痘(水ぼうそう)		1st dose	☐	
		2nd dose	☐	
Japanese encephalitis (日本脳炎)	phase 1	1st dose	☐	
		2nd dose	☐	
		Booster	☐	
	phase 2	Sent individually the month before the child's 9th birthday	☐	Individual Notice
Human Papillomavirus infection(HPV)	9-valent	1st dose	☐	Individual Notice
	9-valent	2nd dose	☐	Individual Notice
	9-valent	3rd dose	☐	Individual Notice
DPT (3種混合)		1st dose	☐	
		2nd dose	☐	
		3rd dose	☐	
		Booster	☐	
			☐	
			☐	
			☐	

【Optional Vaccinations】				
Mumps Vaccine (Subsidy Available) (おたふくかぜ)		1st dose	☐	
		2nd dose	☐	

[About Reissuance]

If you have lost your vaccination screening form, please use the online application to request a replacement.

・You can complete the procedure by scanning the QR code on the right (Chiba Electronic Application Service).

・To apply, you must take a photo of the vaccination page (all items) in your Maternal and Child Health Handbook and attach the file.

・After confirming your registration, we will mail you the necessary documents, such as the vaccination screening form.

【Chiba Electronic Application Service】

[Application for Reissuance of Vaccination Screening Form]

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