

風しんの第5期の定期接種予診票

※太枠内をご記入ください。

Header form containing residence information (都道府県, 市区町村), name (氏名), and birth date (昭和 年 月 日生). Includes a coupon attachment area (クーポン貼付).

Main questionnaire table with columns: 質問事項 (Question), 回答欄 (Answer), 医師記入欄 (Physician's notes). Contains 16 rows of questions regarding vaccination status and health.

Physician's notes section (医師記入欄) with a line for signature or stamp (医師署名又は記名押印).

風しんの第5期の定期接種希望書 (Measles 5th phase regular vaccination wish statement) section with explanatory text and a signature line for the recipient.

Bottom table for vaccine details: ワクチンロット番号 (Vaccine lot number), 接種量 (Dose), 実施場所 (Implementation site), and 接種年月日 (Vaccination date).