

日付はすべて Date(月/日/西暦)



CERTIFICATE

Name: Hanako Saitama
埼玉 花子

Date of Birth: ○/○/西暦

Date of Issue: ○/○/西暦
証明書発行日

Sex: male 男性
female 女性

Address: 1-2, shintoshinn, Chuou-ku, Saitama - **shi, Saitama**
330-8777, Japan

〒330-8777 埼玉県さいたま市中央区新都心1-2

Records of Immunization

Vaccine (ワクチン)	Date (m/d/y) (接種日)	Date (m/d/y)	Date (m/d/y)
DPT-IPV (4種混合)	1st	2nd	3rd
	4th		
DPT (3種混合)	1st	2nd	3rd
	4th	5th	
DT (2種混合)	1st	2nd	3rd
Polio (O・I)	1st	2nd	3rd
ポリオ (生・不活化)	4th		
MR (麻疹・風疹)	1st	2nd	
Measles (麻疹 単独)	1st		
Rubella (風疹 単独)	1st		
Mumps (ムンプス おたふく)			
Varicella (水痘 水疱瘡)		2nd	
BCG	1st		
Hepatitis A (A型肝炎)	1st	2nd	3rd
Hepatitis B (B型肝炎)	1st	2nd	3rd
Jap. Encephalitis (日本脳炎)	1st	2nd	3rd
	4th		
Rabies (狂犬病)	1st	2nd	3rd
Hib (ヒブ)	1st	2nd	3rd
	4th		
PCV (7・13) (肺炎球菌 7価 13価)	1st	2nd	3rd
	4th		
PPSV23 (肺炎球菌 23価)		2nd	
Rota (ロタリックス 1価・ロタテック 5価)		2nd	3rd
HPV (2・4) (子宮頸がん予防ワクチン)		2nd	3rd
MCV4 (髄膜炎菌)			
Tetanus (破傷風)	1st	2nd	3rd

This is to certify that the records above are from official documents.

Signature:

Name of Physician:

Department of Children's Health

Saitama Children's Medical Center

1-2, shintoshin, Chuou-ku, Saitama 330-8777, Japan

Telephone : 048-601-2200

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