



CERTIFICATE

Date of Issue:

Name:

Date of Birth:

Sex:

Address:

Records of Immunization

Vaccine		Date (m/d/y)		Date (m/d/y)		Date (m/d/y)
DPT-IPV	1st		2nd		3rd	
	4th					
DPT	1st		2nd		3rd	
	4th		5th			
DT	1st		2nd		3rd	
Polio (O · I)	1st		2nd		3rd	
	4th					
MR	1st		2nd			
Measles	1st					
Rubella	1st					
Mumps	1st					
Varicella	1st		2nd			
BCG	1st					
Hepatitis A	1st		2nd		3rd	
Hepatitis B	1st		2nd		3rd	
Jap. Encephalitis	1st		2nd		3rd	
	4th					
Rabies	1st		2nd		3rd	
Hib	1st		2nd		3rd	
	4th					
PCV (7 · 13)	1st		2nd		3rd	
	4th					
PPSV23	1st		2nd			
Rota (1 · 5)	1st		2nd		3rd	
HPV (2 · 4)	1st		2nd		3rd	
MCV4						
Tetanus	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

Facsimile : 048-601-2237