

**Certificate Application Form and
Certificate of Full COVID-19 Vaccination**

For non-medical workers

Date: _____
(YYYY/MM/DD)

To: Mayor of Hiroshima

Applicant _____
Address: _____
Phone number _____
Name: _____

Fill out the application date,
your address, phone number,
and name

I hereby request certification of being fully vaccinated against COVID-19, as detailed below.

Name	Fill out your name, address, and date of birth		
Address			
Date of Birth <small>(YYYY/MM/DD)</small>			
First Dose	Date of Vaccination <small>(YYYY/MM/DD)</small>		
	Vaccination Site		
Second Dose	Date of Vaccination <small>(YYYY/MM/DD)</small>		
	Vaccination Site		
Information Regarding Vaccine	Manufacturer		
	Lot Number	First Dose	
		Second Dose	

(Do not write below this line.)

This certifies that the applicant is fully vaccinated against COVID-19, as detailed above.

Date: _____
(YYYY/MM/DD)

MATSUI Kazumi
Mayor
The City of Hiroshima

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