予防接種証明書

INTERNATIONAL CERTIFICATE OF VACCINATION

氏　名
Patient's Name

生年月日　　年　　月　　日
Date of Birth

To Whom it may concern.

This is to certify that the person has received the following vaccination.

BCG vaccine		7/27/2000
DPT vaccine	1ST	12/2/2000
	2ND	2/8/2001
	3RD	3/6/2001
	4TE	4/13/2002
Poliomeyelitis vaccine	1ST	10/27/2000
	2ND	4/25/2001
Measles vaccine		7/17/2001
Rubella vaccine		9/29/2001
Measles-Rubella vaccine		3/2/2013
Japanese encephalitis vaccine	1ST	9/6/2004
	2ND	10/13/2004
	3RD	3/29/2012
Mumpus vaccine	1ST	7/3/2018
	2ND	8/3/2018
DT vaccine		3/17/2012

This Certified that the above is truth.

発行日
Date

Clinic Name；
Adress；

Telephone；

医師
Doctor's Signature