〈予防接種証明書記入要領〉

Date

VACCINATION CERTIFICATE

女性　男性

HANAKO SUMITOMO	MAR.16,2013	FEMALE (MALE)
Name（氏名）	Date of birth （生年月日）	Sex （性別）

This is to certify that the above person was vaccinated against below mentioned diseases on the indicated date.

Antigens and Tests		Date		Remarks（備考）
DTP		(1)MAY.20,2013 (3)SEP.28,2014	(2)JUL.27,2013 (4)OCT.25,2014	
Polio (OPV)	(ポリオ生ワクチン)	(1)JUL.24,2013	(2)SEP.28,2013	
Polio (IPV)	(ポリオ不活化ワクチン)	(1) (3)	(2) (4)	
DTP+IPV	(４種混合ワクチン)	(1) (3)	(2) (4)	
Measles	(はしか)	MAY.12,2014		
Mumps	(おたふく風邪)			
Rubella	(風疹)			
MR	(はしか・風疹混合)	MAR.2,2014		
BCG		JAN.30,2014		ツベルクリン JAN.28,2014→NEG ※POS(陽性)NEG(陰性)
DT	(破傷風ジフテリア)			
Varicella(Chickenpox)	(水痘)	APR.5,2014		
Prevenar	(肺炎球菌)	(1)MAY.20.2013 (3)SEP.28,2013	(2)JUL.27,2013 (4)JUL.29,2014	
HIB	(髄膜炎)	(1)MAY.20,2013 (3)SEP.28,2013	(2)JUL.27,2013 (4)JUL.29,2014	
Japanese Encephalitis	(日本脳炎)	(1) (3)	(2) (4)	

※上記欄にないワクチンはブランク欄にご記入下さい。

① DPT　百日咳・ジフテリア・破傷風の混合ワクチン（ジフテリア…DIPHTERIA　破傷風…TETANUS)
② MR　はしか・風疹の混合ワクチン
③ DTP+IPV　百日咳・ジフテリア・破傷風・ポリオ不活化の混合ワクチン
④ 狂犬病　Rabies
⑤ Ｂ型肝炎　Hepatitis B
⑥ Ａ型肝炎　Hepatitis A

JAN 1月	FEB 2月	MAR 3月	APR 4月
MAY 5月	JUN 6月	JUL 7月	AUG 8月
SEP 9月	OCT 10月	NOV 11月	DEC 12月

↑ 診療所医師サイン欄

Sumitomo Corporation Clinic
OTEMACHI PLACE EAST TOWER
3-2 Otemachi 2-Chome, Chiyoda-ku,
Tokyo. Japan

Date _____

VACCINATION CERTIFICATE

Name _____ Date of birth _____ Sex _____

This is to certify that the above person was vaccinated against below mentioned diseases on the indicated date.

Antigens and Tests	Date	Remarks
DPT	(1) (2) (3) (4)	
Polio (OPV)	(1) (2) (3) (4)	
Polio (IPV)	(1) (2) (3) (4)	
DPT＋IPV	(1) (2) (3) (4)	
Measles		
Mumps		
Rubella		
MR		
BCG		Tuberculin Test
DT		
Varicella		
Prevenar	(1) (2) (3) (4)	
Hib	(1) (2) (3) (4)	
Japanese Encephalitis	(1) (2) (3) (4)	