## New Coronavirus Vaccine Priority Ticket Application Form

To (	Sama	agori	Мау	or/								•			Reiwa		Year		Month		Date	
A p p l i c a n t	Furi	gana										Furigana										
	Surr	name										First Name										
	Add	ress	∓ Gamaç	gorishi			-															
	Phone Number		10.00	D	ate o	f Rirt	·h								Year			Month			Date	
T WOL	ld like to apply for a new corona vaccination ticket becau										so I h:	avo th	o follo	wing		lvina	dicoad				Date	
No.	ila iiko	to ap	piy io			ona v	acciric		onditio		30 1 110	1VC (11	C TOHO	wing	unaci	iyiiig	uiscus		Applicable Items (O)			
1		Chronic Respiratory Disease													7.66	cabic	1001110	, (0)				
2		Chronic Heart Disease (Includes high blood pressure)  Chronic Kidney Disease																				
3																						
4	itals	Chronic Liver Disease (Liver cirrhosis, etc.)																				
5	hospitals	Diabetes mellitus being treated with insulin or medication or diabetes complicated with other disease										sease										
6	\$	Blood Disease (Except for iron deficiency anemia)																				
7	admitted	Diseases that weakens the immune system (Includes malignant tumors undergoing treatment and palliative care)																				
8		Recei	Receiving treatment that reduces immune function, such as steroids																			
9	ng or	Neurological and neuromuscular diseases associated with abnormalities in the immune system																				
10	visiting	Decre	ased b	ody fu	unction	ns due	e to ne	eurolo	gical c	or neui	omuso	cular c	lisease	s (res	pirato	ry dis	order)					
11	ons v	Chror	nromosomal abnormality																			
12	Persons	Severe	vere physical and mental illness (severe physical disability combined with severe mental retardation)																			
13				a synd																		
14		Serious mental illness (hospitalized for treatment of mental illness, holding the Mental Disability Welfare Booklet, or falling under the category of "severe and continuous" in the Medical Care for Services and Support for persons with disabilities (outpatient mental health care)) or intellectual disability (holding Rehabilitation Certificate)																				
15	$\overline{/}$	Standard BMI value (30) or higher																				
				e of me			ution	where	e you		_											
【Hand	ing of	persona	al inforn	nation]	We will	not us	se the I	persona	al infor	mation	we rece	ive for	any pu	rpose	other th	an ser	nding v	accinati	on tick	ets.		
		<b>∓</b> 44	-3-0036 Gamagorishi Hamacho 4 banchi Gamagori City New Co												Corona	virus V	accine	Call				
Subn	nit to	Gama	agorishiyakusho Shingata Koronawirusu Wakuchin Sesshu									Shitsu	Con	tact	TEL 0533-56-2353							
FAX <b>0533-67-9101</b> (Be careful not to										o dial the wrong number) 2021.5月作成												