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| --- |
| **氏名:** **Name**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****生年月日 性別** **Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sex** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**署名****Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_この証明書は、上記に署名した者が、ここに記入した年月日に予防接種又はその再接種を受けたことを証明するものである。This is to certify that whose signature above has on the date indicated been vaccinated or revaccinated: |
| 年月日Date: | 予防接種実施者の署名及び職業上の資格Signature and professional status of vaccinator |   (ACWY) Meningococcal Meningitis Vaccine |
|  |  |  0.5ml |
|  |  | Vaccination Seasonal influenza |
|  **印** **Stamp** |

 **予防接種証明書**

**Certificate of Vaccination against Meningococcal Meningitis**