|  |  |  |
| --- | --- | --- |
| **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**