

予防接種禁忌証明書
Medical Contraindication to Vaccination

This is to certify that immunization against _____
(name of disease)

for [name] _____, date of birth _____, sex _____

is contraindicated because of the following conditions:

Date : _____

Signature of physician _____

Name of physician : _____

Address : 2-26-11Sako-cho, Nishi-ku, Nagoya, 475-0905, Japan