***Self-declaration of COVID-19 vaccination***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality/Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Vaccination date  (YYYY-MM-DD) | Vaccine type | Manufacturer | Product Name | Country of vaccination |
| (Ex.) | 2022-June-13 | COVID-19 mRNA | Pfizer | COMIRNATY | JAPAN |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

【Question】Have you ever been diagnosed with COVID-19?　　　YES / NO

(If your answer is “YES”, please fill out following.)

|  |  |
| --- | --- |
| No. | When were you diagnosed with COVID-19? (Ex. June 2022) |
| 1 |  |
| 2 |  |
| 3 |  |

Issue date (YYYY-MM-DD): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_