

Immunization Record

Date 2020/09/16

Sex Male

Name _____

Date of Birth _____

Type and date of vaccination

	BCG	2018/10/13				
DPT-IPV	1st term	1st	2018/07/18	Hib Heamophilus Influenzae type b conjugate vaccine	1st	2018/06/09
		2nd	2018/08/29		2nd	2018/07/18
		3rd	2018/10/13		3rd	2018/08/29
		1st term booster				4th
POLIO(IPV)	1st term			PCV Heptavalant pneumococcal conjugate vaccine	1st	2018/06/09
	2nd				2nd	2018/07/18
	3rd				3rd	2018/08/29
	booster				4th	2019/08/25
DPT Diphtheria Pertussis Tetanus	1st term	1st		Hepatitis B	1st	2018/06/09
		2nd			2nd	2018/07/18
		3rd			3rd	2018/12/18
		1st term booster				1st
				Mumps	2nd	
DT	2nd term					
MR Measles/Rubella	1st term		2019/07/21	Varicella	1st	2019/07/21
	2nd term				2nd	
	3rd term			Rota (RV5)	1st	2018/06/09
	4th term				2nd	2018/07/18
					3rd	2018/08/29
JEV Japanese Encephalitis	1st term	1st				
		2nd				
	1st term booster					
	2nd term					

This is to certify that the vaccination record of the above person is officially mentioned in the Maternal and Child Handbook.

Ikebukuro Public Health Center

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