| COVID-19 Vaccination Survey   |
|---|
| Deadline: July 30th (Please disregard if you have done the survey online or already been vaccinated. The same deadline applies to the online survey.)   |
| Tick the relevant boxes below.  |
| Name: Mr./Ms> Check before filling in   |
| Phone number (required)   |
| Home ( - )  |
| Mobile )  |
| 1. Do you want to get vaccinated in Mitoyo City? (Please disregard if you have already been vaccinated  |
| ☐ Yes ☐ No  |
| ☐ No (I plan to get vaccinated in another municipality)   |
| 1   |
| Answer the following questions if you chose "Yes"   |
|   |
| 2. Do you have any underlying conditions?   |
| No ☐ Yes *For details on underlying conditions, see the reverse side of "Getting Vaccinated for COVID-19"  *If you chose "Yes," check the Annex and fill in the number of the medical institution where you are receiving treatment ⇒ ( )   |
| 3. Where would you like to get vaccinated?  |
| <ul> <li>☐ Mass vaccination center (weekends)</li> <li>☐ Medical institution in Mitoyo (weekdays) *Available on Saturdays at some medical institutions</li> <li>☐ No preference</li> <li>*Please note that in order to expedite the vaccination process, we will decide the date, time, and place of your vaccination.</li> </ul> |
| Vaccination coupon  This can also be done online. Please  |
| barcode Coupon number. You may not get vaccinated QR code   |
| Vaccination as scheduled if the number is wrong. You do not need to return the survey sheet if you  |
| coupon number have completed it online.   |

\*Although the deadline for the vaccination survey is given as July 30th, we will still accept surveys by mail. Please send it to us as soon as possible.