

## COVID-19 Vaccination

## Priority Vaccination for People with Underlying Diseases

## ~ Prior application is required. ~

Toyonaka City has been sending out COVID-19 vaccination coupons (vouchers) in stages according to age and other categories, based on the available supply of the vaccine. However, according to the order of priority, those who have an underlying disease and wish to be vaccinated (under 60 years old) are given priority in receiving the coupons.


In order to receive the coupons, prior application is required.

## Application Period

**From May 21 (Friday) to June 8, 2021 (Tuesday)**

※You can still apply after the period, but we will send you the vaccination coupons in the next stage.

## How to Apply

Electronic (online) Application	By Post Mail	By FAX
From the electronic application system on the city's website. For mobile phones, etc., please read the bar-code here. Please apply electronically (online) as much as possible. 	Send the application form (back side) by post mail. <ol style="list-style-type: none"> <li>1. Print out the application form from the city website.</li> <li>2. The application form is distributed at public facilities in the city.</li> </ol>	Fax the application form (back side).
<b>【Where to send】 FAX: 06-6152-7304</b> Postal mail: 4-11-1 Nakasakurazuka, Toyonaka-shi, 561-0881, Japan To: Vaccination Task Force, Toyonaka City Public Health Center		

## When you receive your vaccination coupon

After your application is received, the vaccination coupon will be mailed to you around mid-June. When you receive the coupon, please consult with your family doctor. If your family doctor does not offer shots, please make an appointment directly with a medical institution nearby, call Toyonaka Vaccine Dial (06 - 6151 - 2511) or make an appointment through the dedicated website for vaccine reservations.

## Scope of underlying diseases covered (as of May 13, 2021)

## (1) People with the following illnesses or conditions who receive outpatient or inpatient care

1. Chronic respiratory disease
2. Chronic heart disease (including hypertension)
3. Chronic kidney disease
4. Chronic liver disease (liver cirrhosis, etc.)
5. Diabetes being treated with insulin or medication, or diabetes associated with other diseases
6. Blood diseases (excluding iron deficiency anemia)
7. Diseases that impair the functioning of the immune system (including malignant tumors under treatment)
8. Receiving treatment that depresses the immune system, including steroids
9. Neurological and neuromuscular diseases associated with immune abnormalities
10. Decreased body functions due to neurological or neuromuscular diseases (including breathing disorders)
11. Chromosomal abnormality
12. Severe mental and physical disabilities (severe physical disabilities and severe intellectual disabilities)
13. Sleep apnea syndrome
14. Severe mental illness (hospitalized for treatment of mental illness, holding a mental disability certificate or falling under the category of "severe and continuous" in self-supporting medical care (psychiatric hospital care)) or intellectual disabilities (holding a rehabilitation certificate)

## (2) Others

15. Obese individuals who meet the criteria (BMI of 30 or higher)

## 【Inquiries】

Vaccination Task Force, Toyonaka City Public Health Center TEL : 06-6152-7410

Please fill out the form in Japanese or alphabet.

**COVID-19 Vaccination Coupon Application Form**  
**【Persons with underlying medical conditions (under 60 years old)】**  
**新型コロナワクチン接種券送付申込書【基礎疾患のある人（60歳未満）】**

Date of application      year      month      day

(To)

Mayor of Toyonaka City

I would like to apply for a coupon for COVID-19 vaccine as follows.

1. Person to be Vaccinated

Address in Resident Certificate ( <i>juminhyo</i> )	Postal Code 豊中市 (Toyonaka City)
Name in <i>Katakana/Hiragana</i>	
Name	
Date of Birth	Year      Month      Day
Phone Number	
Underlying Disease	※Please select the number from the list of underlying diseases on the previous page.

※The coupon will be sent to the address in resident certificate (*juminhyo*) of the person to be vaccinated.

2. Applicant

Same as "1. Person to be Vaccinated above" <input type="checkbox"/> (✓tick the box if same, and you do not need to fill out the followings.) Please fill out the following information if you are different from "1. Person to be Vaccinated".	
Address	Postal Code
Name in <i>Katakana/Hiragana</i>	
Name	
Phone Number	—      —
Your relationship to the person to be vaccinated.	<input type="checkbox"/> Relative (relationship;      ) <input type="checkbox"/> Others (      )

市記入欄

受付日	月      日	受付方法	<input type="checkbox"/> WEB <input type="checkbox"/> FAX <input type="checkbox"/> 郵送 <input type="checkbox"/>	担当者	
本人確認	済 <input type="checkbox"/>	確認日	月      日	担当者	
発券依頼	済 <input type="checkbox"/>	依頼日	月      日	担当者	
発券確認	済 <input type="checkbox"/>	確認日	月      日	担当者	