

Reissue of yellow fever vaccination certificate (yellow card)

Under the circumstances listed below, you may be able to have yellow fever vaccination certificate (International Certificate of Vaccination or Prophylaxis, ICVP) reissued.

- You lose your certificate.
- Your name changes and does not match that on current passport.
(e.g., marriage, divorce and other legal procedures)

Reissue fee is **880 yen** (paid only in revenue [fiscal] stamp).

Application form is on page 2 of this PDF file.

Print single sided and fill out the form.

If you want your certificate reissued, contact Shizuoka Airport Detached Office of Nagoya Quarantine Station.

TEL: 0548-29-2420

E-mail: nagoyakenekisho-shizuokakuukou@mhlw.go.jp

予防接種に関する申請書
APPLICATION FOR VACCINATION収入印紙
Revenue
Stamp申請者住所 _____
Address of applicant申請者氏名 _____
Name of applicant申請年月日 _____
Date of application署名 _____
Signature手数料金 _____ 880円 _____
Amount of fee

名古屋検疫所中部空港検疫所支所長 殿

To the Chief of Chubu Airport Branch Office of Nagoya Quarantine Station

~~予防接種の施行を下記の通り申請します。~~

予防接種の施行に関する証明書の交付を申請します。

~~I apply for the execution of vaccination as specified below.~~

I apply for the issuance of the certificate with regard to vaccination.

被 接 種 者
Persons to be vaccinated

氏 名 Name	性別 Sex	生年月日 Date of birth	予防接種の種類 Kind of vaccination	行 先 地 Destination	備 考 Remarks
(ふりがな)			黄 熱 YELLOW FEVER		再交付
(ふりがな)					
(ふりがな)					
(ふりがな)					
(ふりがな)					

記載上の注意 1. 楷書で記入すること。

2. 不要の文字はまっ消すること。

Notes:

1. Fill in block letters.

2. Strike out the unnecessary indications.

予防接種に関する申請書
APPLICATION FOR VACCINATION収入印紙
Revenue
Stamp申請者住所 **Current address of applicant**
Address of applicant申請者氏名 **Name of applicant (in block letter)**
Name of applicant**Date you fill out the application form**申請年月日
Date of application**Signature of applicant themselves
(Signing on applicant's behalf is not
acceptable)**署名
Signature手数料金 880円
Amount of fee

名古屋検疫所中部空港検疫所支所長 殿

To the Chief of Chubu Airport Branch Office of Nagoya Quarantine Station

予防接種の施行を下記の通り申請します。

予防接種の施行に関する証明書の交付を申請します。

I apply for the execution of vaccination as specified below.

I apply for the issuance of the certificate with regard to vaccination.

被接種者 ←**Name of person vaccinated**
Persons to be vaccinated

氏名 Name	性別 Sex	生年月日 Date of birth	予防接種の種類 Kind of vaccination	行先地 Destination	備考 Remarks
(ふりがな) Vaccinee's full name	Sex	Date of birth yyyy/mm/dd	黄熱 YELLOW FEVER	Destination (Country)	再交付
(ふりがな)					
(ふりがな)					
(ふりがな)					
(ふりがな)					

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