



TOKYO METROPOLITAN KOMAGOME HOSPITAL

18-22, Honkomagome 3 chome, Bunkyo-ku, Tokyo 113-8677 JAPAN
TEL 81-3-3823-2101 FAX 81-3-3824-1552

CERTIFICATE OF IMMUNIZATION

October 20, 2009

Name: [REDACTED]

Nationality: [REDACTED]

Date of Birth: [REDACTED]

This is to certify that the person mentioned above received the following vaccine on the date noted.

Meningococcal polysaccharide vaccine :
(Groups A, C, Y and W-135 combined)

October 20, 2009

Eiichi Nakayama , M.D.

ACWY Vax[®]
LOT
A83CAD41A

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