Checklist for Influenza Vaccination

インフルエンザ予防接種　予診票

For voluntary vaccination 任 意 接 種 用

※Please fill out inside bold line

＊接種希望の方へ：太ワク内にご記入ください。

Temperature 診 察 前 の 体 温	℃

Address 住　所	〒 TEL　(　　)　　－		
Name 受ける人の氏名		Male・Female 男・女	Date of Birth 生年月日 Year 年　Month 月　Day 日
Name of guardian（保護者の氏名）			

Questions 質 問 事 項	Answers 回 答 欄		Doctor Comment 医師記入欄
1.Did you understand vaccination to receive today? 今日受ける予防接種について理解しましたか。	No いいえ	Yes はい	
2.Is this your first time to get an influenza vaccination in this season? 今日受けるインフルエンザ予防接種は今シーズン1回目ですか。	No (　times) いいえ(　回目)	Yes はい	
3.Do you have any concerns about your health today? 今日、体に具合の悪いところがありますか。	Yes(please write down details) ある（具体的に）	No いいえ	
4.Do you have any diseases which you are currently being treated for? 現在、何かの病気で医師にかかっていますか。	Yes(Name of illness) はい（病名） Do you take the medicine?(Yes/No) 薬を飲んでいますか（いる・いない）	No いいえ	
5.Within the past month,have you been sick? 最近1ヶ月以内に病気にかかりましたか。	Yes(Name of illness) はい（病名）	No いいえ	
6.Have you ever had,and are you being treated for any of the following conditions? :heart,kidney, liver,blood desease or immunodeficiency syndrome,etc 今までに特別な病気（心臓血管系・腎臓・肝臓・血液疾患・免疫不全症、その他の病気）にかかり医師に診察を受けていますか。	Yes(Name of illness) いる（病名）	No いない	
7.Has your close relative ever been diagnosed with a congenital immunodeficiency? 近親者に先天性免疫不全と診断された方がいますか。	Yes はい	No いいえ	
8.Have you ever had convulsions? 今までにけいれん（ひきつけ）をおこしたことがありますか。	Yes (　times)　ある　回ぐらい At what age(　year　months) 最後は　年　月ごろ	No ない	
9.Have you ever had an allergic reaction after receiving medicine or eating a particular food(chicken or egg,etc) 薬や食品（鶏肉、鶏卵など）で皮膚に発しんやじんましんがでたり、体の具合が悪くなったことがありますか。	Yes(Name of Medicine or Food) ある（薬または食品の名前）	No ない	
10.Have you ever been diagnosed with a interstitial pneumonia or a bronchial asthma and are you being treated for? これまで間質性肺炎や気管支喘息等の呼吸器系疾患と診断され、現在、治療中ですか。	Yes(　year　months) はい　年　月ごろ Are you being treated?(Yes/No) （現在　治療中・治療していない）	No いいえ	
11.Have you ever felt ill after receiving a vaccination? これまでに予防接種を受けて特に具合が悪くなったことがありますか。	Yes(Name of vaccination and condition.　) ある（予防接種名・症状　）	No ない	
12.Within the past month,have you been in contact with someone who had measles rubella,chicken pox or mumps? 1ヶ月以内に家族や周囲で麻しん、風しん、水痘、おたふくかぜなどにかかった方がいますか。	Yes(Name of illness　) ある（病名）	No ない	

13.Within the past month,have you received an vaccination? 1ヶ月以内に何かの予防接種を受けましたか。	Yes(Name of immunization) はい（予防接種名：	No いいえ	
14.(Women only)Are you pregnant? （女性の方に）現在妊娠していますか。	Yes はい	No いいえ	
15.(Children only) Were there any unusual conditions at/after birth or at regular well-baby check-up? （接種を受けられる方がお子さんの場合） 分娩時、出生時、乳幼児健診などで異常がありましたか。	Yes(please write down details) ある（具体的に）	No ない	
16.If you have anything to inform about your health,please write down details. その他、健康状態のことで医師に伝えておきたいことがあれば、具体的に書いてください。			

To be complete by the Doctor.
医師の記入欄
Due to the result of the questionnaire and medical examination,
today's vaccination will be(given/postpned)
以上の問診及び診察の結果、今日の予防接種は（ 可能・見合わせる ）

Doctor's signature
医師の署名

After hearing the examination and explanation of effect and adverse reaction on vaccination by the doctor,are you willing to get a vaccine? （ Yes / No ） 医師の診察・説明を受け、予防接種の効果や目的、重篤な副反応の可能性などについて理解した上で、接種を希望しますか。 （ 接種を希望します ・ 接種を希望しません ）	Signature(If children,sign guardian) 本人の署名（もしくは保護者の署名）

Vaccine given 使用ワクチン名		Dosage 用法・用量	Vaccination site,doctor and date 実施場所・医師名・接種日時
Influenza HA Vaccine インフルエンザ HAワクチン	Lot.No.	Hypodermic inoculation 皮下接種 mL	Vaccination site 接種場所 Shinjyuku mitsui building clinic クリニック名 Doctor 医師名 : Date 日時 : Year年 Month月 Day日 Hour時 Minute分
Chart No. カルテNo.			

＊We will use the personal information only about a preliminary examination of the vaccination.
＊記載いただきました個人情報はワクチン接種の予診に関してのみ使用いたします。

Regarding Influenza Vaccination

In order to administer the influenza vaccination (or flu shot) to a patient, we must first know the patient's health condition, so please fill out the medical history sheet as thoroughly as possible. A guardian with adequate knowledge of their child's health condition may fill out the form for their child.

Effects and Side Effects of the Vaccination

With the vaccination, it is possible to prevent influenza and the complications and deaths associated with the influenza virus.

Generally, side effects are mild. The injection site may redden, become swollen, become hard, feel hot, hurt, or feel numb, but these symptoms normally disappear within 2-3 days. You may also experience fever, chills, headaches, lethargy, temporary loss of consciousness, dizziness, swollen lymph nodes, vomiting or nausea, stomachaches, diarrhea, loss of appetite, joint pain, and/or muscular pain, but these symptoms normally disappear within 2-3 days. An oversensitivity to the vaccination may lead to rashes, hives, eczema, erythema, erythema multiforme, and/or itchiness, as well as facial palsy and other forms of paralysis, peripheral neuropathy, and/or uveitis. Please tell your doctor if you have a strong allergy to eggs, as there is the possibility of serious side effects. The following side effects are extremely rare but have been known to occur: 1) shock, anaphylactic reaction (hives, difficulty breathing, etc.), 2) acute disseminated encephalomyelitis (fever, headaches, seizures, impaired mobility, impaired consciousness, etc., within 2 weeks after receiving the vaccination), 3) Guillain-Barre syndrome (numbness in both hands or feet, difficulty walking, etc.), 4) seizures (including fever convulsions), 5) liver function impairment, jaundice, 6) emergence of asthma symptoms, 7) thrombocytopenic purpura, decrease in platelets, 8) vasculitis (allergic purpura, allergic granulomatous angiitis, leukocytoclastic vasculitis, etc.). Please tell your doctor if you have any symptoms corresponding to the above side effects. If you have suffered an injury to your health (any sickness or injury that requires hospitalization), you or your family can receive relief services in accords with the Law for the Pharmaceuticals and Medical Devices Agency.

Patients that cannot receive the influenza vaccination

1 Patients found with a high fever (above 37.5℃)
2 Patients found to be suffering from a serious acute illness
3 Patients who have had an anaphylactic reaction to the influenza vaccination in the past
  Additionally, patients who have had an anaphylactic reaction to any administered or prescribed medicine in the past must tell their doctors before receiving the influenza vaccination.
4 Any other person determined by their doctor to be unable to receive the vaccination

Patients that must consult with their doctor before receiving the influenza vaccination

1 Patients with heart disease, kidney disease, liver disease, blood disease, or other serious illness
2 Patients with delayed development and receiving care from their doctor and health nurses
3 Patients recovering from a cold or other illness
4 Patients that had a fever within two days of a vaccination, or allergic complications like rashes or hives
5 Patients who have experienced rashes on the skin from medicine or food (containing chicken eggs or chicken meat), or otherwise felt unwell
6 Patients who have experienced seizures (convulsions) in the past
7 Patients who have been diagnosed with or have had relatives diagnosed with immunodeficiencies in the past

8 Pregnant women
9 Patients with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses

Caution – Please Read

1 You may experience sudden side effects in the 30 minutes after receiving the influenza vaccination. Stay within the medical facility so that you can observe your symptoms and promptly contact a doctor if necessary.
2 Keep the injection site clean and hygienic. You may use the shower or bath the same day you have been vaccinated but do not rub, scratch, or scrub the injection site.
3 Continue your daily routine on the day of the vaccination. Avoid extreme exercise or over-consumption of alcohol.
4 In the small chance that you experience a high fever, seizures, or other serious side effects, please consult a doctor as soon as possible.

Regarding Temperature Measurement

Please take your temperature just before coming to the clinic and fill out the “Checklist for influenza Vaccination”.