Date :

Influenza Vaccination（Flu Shot）Questionnaire

Full name	(First name) (Family name)	**Sex**	**Date of birth**	**Age**	**Amount**
(Guardian name)		M・F・O	DD/ MM/ YY/		□ 0.25mL (6ヶ月以上3歳未満) □ 0.5mL (3歳以上)
Address	〒 -				
Phone No.	– –				

	Please answer the following questions.			For Doctor
1	Body temperature	(℃)		
2	Did you read and understand the explanation about the vaccination you receive today?	NO	YES	
3	Is this your first influenza vaccination of this season?	NO Date of first shot(DD/ MM/)	YES	
4	Are you feeling sick today?	YES (Detail:)	NO	
5	① Have you ever felt sick after receiving influenza vaccination?	YES (Detail:)	NO	
	② Have you ever felt sick after receiving other vaccinations?	YES (Vaccine name:)	NO	
6	Are you currently under any medical treatments? ・Heart disease ・Kidney disease ・Liver disease ・Blood disease ・Respiratory disease (ex. Interstitial lung disease, asthma ・Diagnosed with immunodeficiency or on immunosuppressive drugs ・A close relative has a congenital immunodeficiency ・Other chronic illnesses under treatment	YES (Detail:)	NO	
	【If your answer is YES, please circle】 Does your doctor permit you to receive the flu vaccine?	NO	YES	
7	Have you ever had a seizure(convulsion) ?	YES (Detail:)	NO	
8	Have you ever had an allergy to medicine, chicken meat or eggs?	YES (Detail:)	NO	
9	【For children】Did you have any abnormalities at the time of delivery, birth, or infant health examinations?	YES (Detail:)	NO	
10	【For women】Are you currently pregnant?	YES	NO	
11	Are there any other symptoms that you need to tell the doctor, please write them here.			

After a consultation with the doctor, I have understood the explanation about the effects and adverse reactions of the vaccination.

I agree to receive the vaccination.

Signature

_____

Doctor's Signature	After the interview and medical examination, I explained the effects and adverse reactions of the vaccination. **The above person can receive vaccines.**	Signature

Lot No./インフルエンザワクチン	Method/接種方法
	SC/皮下接種

Medical provider name

The 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°C)
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.