

Influenza Vaccination Questionnaire

No	
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*Please write within the bold box.

Chart No		Ins. Verification		Temperature		°C	
Last Name		First Name		Male	Date of Birth		
				Female	Date	Month	Year (years old)
Address				Tel ()			
Office address				Tel ()			

Questions	Please choose answer	
① Have you read and understood all the vaccination information provided thoroughly?	Yes	No
② Is this your first flu vaccination in this season?	Yes(1st)	No(2nd)
③ Are you feeling well today? (If not, describe:)	Yes	No
④ Are you currently seeing a physician for some reason? (Describe)	Yes	No
⑤ Have you been sick within the last one month? (Name of disease:)	Yes	No
⑥ Have you, your family or anyone around you contracted measles, rubella, chickenpox or mumps within the last one month? (Name of disease:)	Yes	No
⑦ Have you got any vaccinations within the last one month? (Name of Vaccination:)	Yes	No
⑧ Have you ever felt sick after getting a vaccination?	Yes	No
⑨ Have you ever been diagnosed as serious disease? (e.g. congenital abnormalities, heart, kidney, liver, blood disease, brain, nerve, immunodeficiency disease, malignant tumor or other diseases) (Describe:) (If "Yes") Did the doctor treating you permit you to get the Influenza vaccination?	Yes	No
⑩ Have you ever been diagnosed as bronchial asthma?	Yes	No
⑪ Do you have any allergy to medicine or foods? (e.g. chicken egg or chicken meat) (Name of medicine, food:)	Yes	No
⑫ Have your family or relatives ever become ill after vaccination?	Yes	No
⑬ Have your family or relatives ever been diagnosed as immunodeficiency disease?	Yes	No
⑭ 【Female patients only】 Are you currently pregnant? (weeks of pregnancy)	Yes	No
⑮ Do you have any concerns about getting the Influenza vaccination?		

Physician's record :

Based on this questionnaire and consultaion, I (agree/disagree) to this vaccination. Physician's Signature :

I have heard and understood the doctor's explanation about the vaccination, its benefits and side effects.

Yes, I want to get the vaccination. No, I do not want to get the vaccination. Signature:

Name of Vaccine	Quantity	Vaccination Clinic address	Date of Vaccination
Influenza HA Vaccine	Subcutaneous	1-2-1 Marunouchi, Tokyo Japan Tokio Marine Nichodo New Building 3F Kaijo Building Clinic	
	0.5 mL	Date of Vaccination: / /	
		Month Date Year	

Information about the Influenza Vaccination

Kaijo Building Clinic

Information about the Influenza Vaccination

It is possible to prevent Influenza and the resulting complications by getting a vaccination against the Influenza virus. As the virus mutates every year, a new vaccine is required.

Therefore, it is very important to get vaccinated with new vaccine every year.

Getting vaccinated will prevent the spread of the virus.

Please read the Influenza vaccination information provided and fill out the questionnaire as thoroughly as possible to ensure your safety.

Generally, side effects are mild and disappear within a couple of days.

Serious side effects are very rare.

Mild side effects:

You may experience; soreness, reddening, swelling, hardening, pain and numbness at the injected spot. You may also experience fever, chills, headaches, tiredness, temporary loss of consciousness, dizziness, swollen lymph nodes, vomiting, nausea, diarrhea, joint or muscle pain.

If these symptoms occur, they usually begin shortly after or within a few days after the injection.

Serious side effects:

Serious side effects are very rare but you may experience;

- 1) Shock, severe allergic reactions like hives, difficulty breathing, also known as an anaphylactic reaction.
- 2) Fever, headaches, seizures, impaired mobility or consciousness, etc within 2 weeks after the injection.
- 3) Numbness in both hands and feet, walking difficulties etc., also known as Guillain –Barre syndrome.
- 4) Convulsions
- 5) Liver failure, jaundice.
- 6) Asthmatic attack

The National Vaccine Injury Compensation Program

If you have suffered an injury or sickness due to the vaccination, you or your family can receive relief services in accordance with the law of Pharmaceutical and Medical Devices Agency (PMDA) act.

(Please see reverse side)

Precaution prior to the Influenza vaccination

- 1) Please consult your doctor before the injection to clarify if you have any concerns about getting the Influenza vaccination.
- 2) Please fill out the Questionnaire as thoroughly as possible.

Patients who cannot receive the Influenza vaccination:

- 1) Patients who have a high fever (above 37.5°C)
- 2) Patients who suffer from serious acute illness.
- 3) Patients who have had severe allergic reaction to the Influenza vaccination in the past, or had severe allergic reaction to any medicine in the past must notify their doctor before getting the influenza vaccination.
- 4) Patients who are diagnosed as unfit for the Influenza vaccination.

Patients who must consult their doctor before getting the Influenza vaccination:

- 1) Patients with heart disease, kidney disease, liver disease, blood disease.
- 2) Patients who have caught cold.
- 3) Patients who have experienced allergic complication like rashes, hives, or fever within two days after getting the injection in the past.
- 4) Patients who have experienced rashes on the skin, or felt unwell, from medicine or foods (e.g. chicken eggs or chicken meat).
- 5) Patients who have experienced convulsions in the past.
- 6) Patients who have been diagnosed as, or have relatives with, immunodeficiency disorder in the past.
- 7) Patients who are expecting or, has a possibility of pregnancy.
- 8) Patients with bronchial asthma.

Caution after the injection

- 1) Please stay in the clinic for at least 30 minutes after getting the Influenza vaccination in case you experience sudden side effects.
- 2) Keep the injected spot clean. You may take a shower or a bath on the day of the injection. Do not scrub, rub or scratch the injected spot.
- 3) Avoid excessive exercise or over consumption of alcohol on the day of the injection. Otherwise, you can continue your daily routine on the day.
- 4) If you experience high fever, convulsions or other serious side effects, please see a doctor as soon as possible.

Name of Vaccine	Quantity	Vaccination Clinic address	Date of Vaccination
Influenza HA Vaccine	Subcutaneous 0. 5 mL	1-2-1 Marunouchi, Tokyo Japan Tokyo Marine Nichido New Building 3F Kaijo Building Clinic Date of Vaccination: / /	