Influenza Vaccination Questionnaire インフルエンザ予防接種予診票

Body Temperature 体温: ____ . __ °C

Address 住所:	**Phone 電話:** ( ) -
Patient's Name 受ける方の氏名:	**Date of Birth 生年月日:**
Guardian's Name 保護者氏名:	**Age 年齢:** _____ years 歳 _____ months か月

No.	Questions 質問事項	Answers
1	**Did you read and understand the explanation "About Influenza Vaccination"?**「インフルエンザ予防接種について」の説明を読んで理解しましたか。	☐Yes ☐No
2	**Is this your first influenza vaccination this fiscal year?** 今日のインフルエンザ予防接種は今年度１回目ですか。※13歳未満は2回接種を推奨	☐1st ☐2nd
3	**Are you feeling unwell today? Or have you been sick or had a fever in the last month?** 今日、身体の具合に悪いところがありますか。または 最近1か月以内に、病気にかかったり熱が出たりしましたか。	☐No ☐Yes
4	**In the last month, has anyone in your family or close contacts had measles, rubella, chickenpox, or mumps?** 最近1か月以内に、家族や周囲で、麻疹、風疹、水痘、おたふくかぜにかかった人がいますか。	☐No ☐Yes
5	**Are you currently suffering from any illness? (This includes chronic conditions such as heart or kidney disease.)** 現在、何か病気にかかっていますか。心臓病や腎臓病等の慢性疾患も含みます。	☐No ☐Yes
	If yes, are you receiving treatment (such as medication) for it? その病気に関して治療 投薬など を受けていますか。	☐No ☐Yes
	If yes, has your primary doctor advised you to avoid vaccinations? その病気の主治医から予防接種を控えるように指導されたことはありますか。	☐No ☐Yes
6	**Have you ever been diagnosed with immunodeficiency?** 免疫不全と診断されたことがありますか。	☐No ☐Yes
7	**Have you had a seizure in the last 3 months?** 最近3か月以内に痙攣を起こしたことがありますか。	☐No ☐Yes
8	**Have you ever felt unwell after receiving a vaccination, taking medication, or eating any food in the past?** これまでに予防接種、薬剤、食品で身体の具合が悪くなったことがありますか。	☐No ☐Yes Cause: _____
9	**Have you ever had an influenza vaccination before?** インフルエンザの予防接種を受けたことがありますか。	☐Yes ☐No
	If yes, did you feel unwell at that time? その際に身体の具合が悪くなったことがありますか。	☐No ☐Yes
10	**Have you received any other vaccinations in the last month?** 最近１か月以内に予防接種を受けましたか。 Type種類: _____ Date接種日: _____	☐No ☐Yes
The following question is only for junior high school students and younger. 以下は、中学生以下の方のみご回答ください		
11	**Were there any abnormalities at birth, after birth, or during infant health check-ups for which you were advised to avoid vaccinations?** 出生時・出生後・乳幼児健診で異常があり、予防接種を控えるように指導されましたか。	☐No ☐Yes

Patient's Signature Section 被接種者の記入欄 After receiving the doctor's consultation and explanation, and understanding the effects, purpose, benefits of the vaccine, and the possibility of serious side effects, I: ワクチンの接種を

(wish to be vaccinated 希望します ・ do not wish to be vaccinated 希望しません).

Date 日付: _____ Patient's Signature 被接種者自署: _____

Guardian's Section 保護者の記入欄 Based on the answers to the questions above, and after consultation and examination by the doctor, if it is determined that vaccination is possible, I consent to the administration of the influenza vaccine. ワクチンを接種することに

(I agree 同意します ・ I do not agree 同意しません)

Date 日付: _____ Guardian's Signature 保護者自署: _____

For Medical Staff Only 以下は記入不要です 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 ）

本人に対して、予防接種の効果・目的、接種するワクチンの有益性及び副反応並びに予防接種健康被害救済制度について説明した。 **医師の署名**: _____

ワクチン名・ロット番号： **接種量 ☐0.25 mL(3歳未満) ☐0.5 mL**	**実施場所:** 静岡県菊川市赤土1055-1 菊川市家庭医療センター **医師名**: **接種年月日**: 令和____年____月____日

英語 English

About Influenza Vaccination

When administering influenza vaccinations, it is necessary to thoroughly understand the health condition of the person receiving the vaccination. Therefore, please fill out the pre-examination form on the front as thoroughly as possible. In the case of children, please have a guardian who is well aware of their health condition fill it out.

[Vaccine Efficacy and Side Effects]

Vaccination can prevent influenza infection or lighten its symptoms. It is also expected to prevent complications and deaths caused by influenza.

On the other hand, side effects are generally mild. The injection site may become red, swollen, hard, warm, painful, or numb, but these usually disappear within 2 to 3 days. Fever, chills, headache, malaise, transient loss of consciousness, dizziness, lymph node swelling, vomiting/nausea, diarrhea, joint pain, muscle pain, etc., may also occur, but these usually disappear within 2 to 3 days. Rarely, hypersensitivity reactions such as rash, hives, eczema, erythema, and itching may occur. Individuals with severe egg allergies should always inform their doctor as there is a possibility of severe side effects. Although very rare, the following side effects may occur: (1) Shock, anaphylactic symptoms (hives, difficulty breathing, etc.), (2) Acute disseminated encephalomyelitis (fever, headache, convulsions, motor impairment, consciousness disorder, etc., within a few days to 2 weeks after vaccination), (3) Guillain-Barré syndrome (numbness in both hands and feet, walking disability, etc.), (4) Convulsions (including febrile convulsions), (5) Liver dysfunction, jaundice, (6) Asthma attack, (7) Thrombocytopenic purpura, thrombocytopenia, (8) Vasculitis (allergic purpura, allergic granulomatous vasculitis, leukocytoclastic vasculitis, etc.), (9) Interstitial pneumonia, (10) Encephalitis/encephalopathy, myelitis, (11) Stevens-Johnson syndrome (skin-mucous membrane-eye syndrome). If such symptoms are observed or suspected, please immediately inform your doctor. In the event of health damage (illness or disability requiring hospitalization, etc.), the affected person or their family will follow relief procedures based on the Pharmaceuticals and Medical Devices Agency Law.

[People Who Cannot Receive Vaccination]

1. People with obvious fever (over 37.5℃)
2. People clearly suffering from a severe acute illness
3. People who have previously experienced anaphylaxis after receiving an influenza vaccine. For those who have experienced anaphylaxis after receiving other medications, please inform your doctor before vaccination and seek their judgment.
4. Others whom the doctor deems unsuitable for vaccination.

[People Who Must Consult a Doctor Before Vaccination]

1. People with heart disease, kidney disease, liver disease, or blood disorders.
2. People with delayed development who are receiving guidance from a doctor or public health nurse.
3. People who seem to be at the onset of a cold or similar illness.
4. People who experienced abnormal symptoms suggestive of an allergy, such as fever, rash, or hives, within 2 days after receiving a previous vaccination.
5. People who have experienced a rash on the skin or other physical abnormalities due to medication or food (chicken eggs, chicken, etc.).
6. People who have had convulsions in the past.
7. People who, or whose close relatives, have been diagnosed with an abnormal immune state through examination in the past.
8. People who may be pregnant.
9. People with bronchial asthma.

[Precautions After Vaccination]

1. Acute side effects may occur within 30 minutes after receiving the influenza vaccine. Observe your condition while at a medical institution and be ready to contact a doctor immediately.
2. Bathing on the day of vaccination is fine, but avoid rubbing the injection site.
3. On the day of vaccination, keep the injection site clean and live as usual. Avoid strenuous exercise and excessive alcohol consumption.
4. In the unlikely event of abnormal symptoms such as high fever or convulsions, seek medical attention promptly.

Please measure your body temperature before leaving home.