

INFLUENZA VACCINATION(FOR INFANTS)QUESTIONNAIRE (小児インフルエンザ)

\*Circle if applicable. If you have received the 1st Dose, give the date.

Age 1 to under 6 1歳以上6歳未満	Age 6 to under 13 6歳以上13歳未満	Age 13 to Junior High School 3rd Grade 13歳以上中学3年生	1st Dose 1回目 Date of 1st Dose (y)年 (m)月 (d)日	2nd Dose 2回目 1回目接種日 (m)月 (d)日	reliever 生活保護受給者
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\*Please fill out the following questionnaire. Please print and circle either YES or NO where appropriate.

Address 住所	Phone 電話
Child's Name 対象者氏名	Date of Birth (y/m/d) 生年月日・月齢
Parent/Guardian's Name 保護者氏名	Sex性別: M男 ・ F女
	Temperature 体温: ( ) (°C)

Questions	Answers		Dr's check
Did you read the information on Influenza vaccination and understand about the effects and the side effects? 今日受けるインフルエンザの予防接種についての説明文を読み、効果や副反応などについて理解しましたか	NO	YES	
Please write down about your child's medical history. あなたのお子さんの発育歴についておたずねします Birth weight ( )g. 出生体重 Were there any abnormalities during the delivery? 分娩時に異常がありましたか Were there any problems after he/she was born? 出生後に異常がありましたか Were there any problems pointed out at well baby visits? 乳児健診で異常があるとされたことがありますか	YES	NO	
Does the child have any disease, or is he/she unwell today? 現在、何か病気にかかっていますか、また今日具合の悪いところがありますか Disease Name/unwell part 病名・具合の悪い箇所( )	YES	NO	
In the past month, has the child had a fever or had any disease? 最近1ヶ月以内に熱が出たり、病気にかかったりしましたか Disease Name 病名( ) Is the child receiving treatment or taking medications? 治療(投薬など)を受けていますか Did your doctor permit today's vaccination? その病気の主治医には、今日の予防接種を受けてもよいと言われましたか	YES	NO	
Is there anyone who has ever had measles, rubella, chicken pox or mumps in his/her family or friends during the past one month? 1か月以内に家族や遊び仲間に麻疹、風疹、水痘、おたふくかぜの病気の方がいましたか Disease Name 病名( )	YES	NO	
Has the child been vaccinated within a month? 1か月以内に予防接種を受けましたか If so, give the name of the vaccine and the date.[Vaccine:Hib・Pneumococcus・HepB・DPT-IPV・BCG・chicken pox・mumps・MR・other( )](Date: y/ m/ d ) 予防接種名・接種日	YES	NO	
Has the child ever received 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 Has he/she had a serious reaction to Influenza vaccine? その際に具合が悪くなったことはありますか Has the infant ever felt sick after being vaccinated? これまでに予防接種を受けて具合が悪くなったことはありますか What vaccination? 予防接種名( )	NO	YES	
Has the infant ever suffered from and/or been treated for congenital abnormalities, heart/kidneys/liver diseases, cranial nerve disorders, immunodeficiency, tuberculosis or other? 生まれてから今までに先天性異常、心臓、腎臓、脳神経、免疫不全症、結核その他の病気にかかり、医師の診断を受けていますか Disease Name 病名( )	YES	NO	
Did his/her doctor authorize today's vaccination? その病気を診てもらっている医師に今日の予防接種を受けてもよいと言われましたか	NO	YES	
Has your child ever had an episode of convulsions in the past? ひきつけ(けいれん)をおこしたことがありますか At what age? ( )歳頃	YES	NO	
Did (s)he have a fever at that time? その時に熱はでましたか	YES	NO	
Has your child ever had a skin rash or become ill after taking a medicine or eating food? 薬や食品で皮膚に発疹やじんましんが出たり、体の具合が悪くなったことがありますか By medicine 薬(Kanamycin, etc.) By food 食品(egg, gelatin etc.)	YES	NO	
Has the child ever been diagnosed as interstitial pneumonia or disease of respiratory system such as asthma? 今までに間質性肺炎、気管支喘息などの呼吸器系疾患と診断されたことがありますか	YES	NO	
Has anyone from the infant's family or close relatives been diagnosed with congenital immunodeficiency? 近親者に先天性免疫不全と診断されている方はいますか	YES	NO	
Has anybody from the infant's family or close relatives ever felt sick after vaccination? 近親者に予防接種を受けて具合が悪くなった人はいますか	YES	NO	
Has your child received a blood transfusion or gamma-globulin therapy in the past six months? 6か月以内に輸血あるいはガンマグロブリンの接種を受けましたか	YES	NO	
Do you have any questions concerning today's vaccination? 今日の予防接種について質問がありますか	YES	NO	
●Please answer if your child is a female and 13 years of age or older ●13歳以上の女性へ Is there a chance that she is pregnant (for example, has menstruation been delayed, or has a period been missed)? 現在、妊娠している可能性(生理が予定より遅れているなど)はありますか	YES	NO	

Please check the other side

<p>【Physician's Suggestion 医師の記入欄】 According to the checklist and the examination, the vaccination; 以上の問診及び診察の結果、今日の予防接種 〔<input type="checkbox"/>is possible 可能 / <input type="checkbox"/>should be postponed 見合わせる(reason理由: )〕 I certify that the explanation for effects and side effects of vaccination and Relief System for Injury to Health with Vaccination to the guardian of the child was made. 保護者に対して、予防接種の効果、副作用及び予防接種健康被害救済制度について説明をしました。</p>	<p>Physician's Signature 医師サイン又は記名押印</p>
<p>【Agreement 保護者の記入欄】 I understood effects, purpose, possibilities of severe side effects of the vaccination and Relief System for Injury to Health with Vaccination by the physician's explanation and exam, and 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、予防接種健康被害救済制度などについて理解した上で、接種することに (<input type="checkbox"/>I agree 同意します/ <input type="checkbox"/>I don't agree 同意しません) to the vaccination today. I understand that this checklist and agreement is for the safety of vaccinations, hence, I agree that the medical facility submits it to Tsukuba City. この予診票は、予防接種の安全性の確保を目的としています。このことを理解のうえ、本予診票がつくば市に提出されることに同意します。</p>	<p>Signature 保護者自署</p>

使用ワクチン名 Vaccine Name	接種量 Amount	実施場所・医師名・接種年月日	予防接種用 医療機関コード(3桁)	
<p>シール貼付の場合記載不要 ワクチン名 Lot No. <input type="checkbox"/>有効期限が切れていないか要確認</p>	<p>皮下接種 Hypodermic Injection <input type="checkbox"/>0.25ml(3歳未満) <input type="checkbox"/>0.5ml(3歳以上)</p>	<p>実施場所 医師名 接種年月日</p>		

※Gamma globulin is one component of blood. It is injected into a patient to help prevent hepatitis A and also a treatment for serious diseases. It can lower the effectiveness of the measles vaccination gamma globulin is injected 3-6 months before the vaccination.

ガンマグロブリンは、血液製剤の一種で、A型肝炎などの感染症の予防目的や重症の感染症の治療目的などで注射されることがあり、この注射を3～6か月以内に受けた方は、麻しんなどの予防接種の効果が十分に出ないことがあります。

※You can't use this Questionnaire/coupon, in case you move out from Tsukuba City.

つくば市を転出した場合は、この予診票は使用できません。

## Influenza Vaccine

\*\*\*Please read the following information before the vaccination\*\*\*

This vaccination is voluntary, which means that you make your own decision about whether or not to receive vaccination. If you wish to get vaccinated, please learn about the effects and side effects before vaccination.

**1. What is influenza?** Influenza is an illness caused by influenza virus. It peaks in winter to spring. The early general symptoms are a sudden fever over 38°C, chill, headache, joint pain and muscle pain, followed by respiratory symptoms such as runny nose, sore throat and coughs. While common colds get better in three to four days, flue lasts about a week to cure. If complication, such as pneumonia or encephalopathy, arises, you get more serious symptoms.

**2. How well do the influenza vaccines work?** It is estimated that serious complication such as pneumonia can be prevented by the vaccine. And preventive effect is estimated to last about five months from two weeks after vaccination. (It does not mean immunity will be completely lost after five months.)

**3. Vaccination Method** Children under age 3 should receive two subcutaneous injections (0.25 ml per shot) and children age 3-12 should be given two doses (0.5 ml per shot) with 2-4 weeks between the first and second shot. Children age 13 and older should get one dose (0.5 ml per shot).

For embryonated chicken eggs are used to process the influenza vaccine, if you are allergic to eggs, it is recommend to consult your doctor.

**4. Do not get vaccinated if you:**

- have fever over 37.5°C. — have a severe acute disease.
- have experienced severe anaphylaxis symptoms by the flu vaccine before.\*Anaphylactic reactions are severe allergic reactions such as difficulty breathing and general hives that appear within 30 minutes after vaccination.
- are advised by your doctor not to get vaccinated.

**5. Side Effects** Common side effects are redness, swelling, pains etc. General symptoms such as fever, chill, headache and fatigue can be seen. Normally these symptoms disappear in two to three days. Anaphylactic reactions, acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, and consciousness disorder within four weeks after vaccination), Guillain-Barré Syndrome (numbness in foot and hands, gait disorder etc.), convulsion, liver dysfunction, asthma and vasculitis have been reported.

**6. Relief System for Injury to Health with Vaccination** If you get damages to your health by the vaccine, you may receive benefits based on the Pharmaceuticals and Medical Devices Agency Act or Tsukuba City Non-legal Vaccination Accident Compensation Act in some cases as this vaccination is optional. If you need to apply for the benefits, please contact the doctor who vaccinated you or Sakura Public Health Center.