

Influenza Vaccination Questionnaire (Coupon) for Children (小児インフルエンザ予診票)

Subsidy amount: 2,000JPY (Up to 7,200JPY for welfare recipients)

Provisional Translation

※Only the 1st dose is subsidized.

Circle the options below which apply to your child.

Age Group 年齢内訳			Welfare recipient 生活保護受給者	Vaccination Method 接種方法	
6month to 3 6か月以上3歳未満	3 to 13 3歳以上13歳未満	13 to 15 (Junior high school age) 13歳以上中学3年生		Hypodermic Injection 皮下接種	Nasal 経鼻

Please fill in the area inside the bold lines.

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

Questions	Answers		Dr's check
Are you registered as a resident of Tsukuba City on the day of vaccination (today)? 接種日現在(本日)、つくば市に住民登録はありますか?(ない場合は対象外です)	NO →Not eligible	YES	
Have you read the information about influenza (flu) vaccines on the back and understood the benefits 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	
Has your child received a flu vaccine 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	NO	YES	
Has he/she felt sick following the vaccination? その際に具合が悪くなったことはありますか	YES	NO	
Is this his/her 1st or 2nd dose for this flu season? 今日受けるインフルエンザ予防接種は、今シーズン何回目ですか	2nd →Not eligible	1st	
Have 2 weeks passed since he/she had his/her 1st dose? (Date of 1st dose: y/ m/ d) (2回目の場合)1回目の接種日から2週間たっていますか(1回目接種日: 年 月 日)	NO	YES	
Has he/she received a vaccine other than a flu vaccine in the past month? 1か月以内に予防接種(インフルエンザ除く)を受けましたか	YES	NO	
If so, provide the name of the vaccine and the date. (Date: / /) 予防接種名・接種日			
Has he/she felt sick following vaccination (other than a flu vaccine)? 予防接種(インフルエンザ除く)の際に具合が悪くなったことはありますか	YES	NO	
If so, provide the name of the vaccine. 予防接種名 ()			
Has he/she been told that he/she had an abnormality at birth, after birth and/or at an infant health check? 分娩時や出生後、乳幼児健診等で異常があるとされたことがありますか	YES	NO	
Has he/she been diagnosed by doctor with a congenital abnormality, heart/kidneys disease, cranial nerve disorder, immunodeficiency or any other illness? Name of the illness () 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、その他の病気にかかり、医師の診断を受けていますか 病名()	YES	NO	
Has his/her doctor confirmed that he/she could get vaccinated today? 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	NO	YES	
Has he/she had any fever symptoms or illnesses in the past month? 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	YES	NO	
Name of illness 病名()			
Is he/she feeling unwell today? If so, specify his/her condition () 今日具合の悪いところがありますか 病名・具合の悪い箇所()	YES	NO	
Is he/she currently under treatment or on medication? 治療(投薬など)を受けていますか	YES	NO	
Has his/her doctor confirmed that he/she could get vaccinated today? 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	NO	YES	
Have any of his/her family and/or friends had measles, rubella, chicken pox or mumps in the past 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 Name of illness 病名 ()	YES	NO	
Has he/she ever had a seizure or convulsion? 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 he/she have a fever at that time? その時に熱はでましたか	YES	NO	
Has he/she developed a skin rash or felt sick after taking a certain medicine or 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 Which medicine 薬() or food 食品 (e.g. Egg, gelatine)	YES	NO	
Has he/she been diagnosed with respiratory diseases such as interstitial pneumonia and 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	
Have any of his/her 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	
Have any of his/her close relatives felt sick following 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	
Do you have any questions about today's vaccination? 今日の予防接種について質問がありますか	YES	NO	
●Question for women aged 13 and above● 13歳以上の女性へ Could you be pregnant or do you have signs of pregnancy such as delayed period? 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 turn over.

Please check the other side

<p>【To be filled in by the doctor 医師の記入欄】 I have explained the benefits and side effects of the vaccine, as well as the Vaccine Injury Support Scheme to the parent/guardian. According to the questionnaire and the examination, the vaccine; <small>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。以上の問診及び診察の結果、今日の予防接種は</small> 〔<input type="checkbox"/>Can be given 可能/<input type="checkbox"/>Cannot be given today 見合わせる(Reason理由:)〕</p>	<p>Signature by the doctor <small>医師サイン又は記名押印</small></p>
<p>【To be filled in by the parent/guardian 保護者の記入欄】I was explained by the doctor and understood the effects, purpose, and risk of severe side effects of the vaccine, as well as the Vaccine Injury Support Scheme and I: <small>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</small> (<input type="checkbox"/>Give my consent 同意します/<input type="checkbox"/>Do not give my consent 同意しません) for my child to be vaccinated today. Based on the purpose of this medical questionnaire, which is to secure the safety of the vaccination, I also give my consent that the questionnaire will be submitted to Tsukuba City by the healthcare facility. <small>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。</small></p>	<p>Signature by the parent/guardian <small>保護者自署</small></p> <p>Relation to the child: Father, mother, other ()</p>

使用ワクチン名 Vaccine Name	接種方法	接種量 Amount	実施場所・医師名・接種年月日
シール貼付の場合記載不要 ワクチン名	<input type="checkbox"/> 皮下接種 Inactivated vaccine	<input type="checkbox"/> 0.25ml (3歳未満)	20 年 月 日
		<input type="checkbox"/> 0.5ml (3歳以上)	
Lot No.	<input type="checkbox"/> 経鼻 Nasal Live vaccine	<input type="checkbox"/> 0.2ml (2歳以上) ※One sprays in each nostril	
(注)有効期限が切れていないか要確認			

You cannot use this questionnaire (coupon) if you move out of 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 (Flu) Vaccines

Please read the following information before vaccination

The flu vaccination is optional, which means that you make your own or your parents decision about whether or not to receive the vaccine. Please read and understand the benefits and side effects of the vaccine, if you wish to get vaccinated or if you wish your child to get vaccinated.

1. What is influenza?

Influenza (Flu) is an illness caused by influenza virus. The flu incubation period is approximately 1 to 3 days and its symptoms can include a sudden high fever, headache, fatigue (tiredness), joint pain and muscle pain, followed by upper respiratory symptoms such as runny nose and coughs. These symptoms last about a week. The symptoms are similar for children, but they can also get complications such as ear infection (otitis media), fever convulsion, asthma, as well as severe complications such as inflammation of brain (encephalitis) though these are very rare.

2. Effectiveness of the flu vaccine

Even though the inactivated flu vaccine currently used in Japan may not completely prevent the flu, it can partially prevent symptoms and may lessen the severity of the illness.

3. Vaccination Method

For inactivated vaccine.Children aged under 3 should receive two subcutaneous injections of 0.25 ml per dose and children aged 3-12 should receive two subcutaneous injections of 0.5 ml per dose with an interval of 2-4 weeks between the first and second doses. Children aged 13 and above should receive one subcutaneous injection of 0.5 ml. For live vaccine.For live attenuated nasal vaccine.Children aged 2-19 should spray of 0.2ml(One 0.1ml sprays in each nostril) in the nasal cavity.Flu vaccines are manufactured in embryonated eggs. Therefore, persons with egg allergy should talk to their doctor before receiving their vaccine. Please also note that flu vaccines are inactivated vaccine. If you are going to receive another vaccine, please keep an appropriate interval between doses.

4. Side Effects

Some of the serious adverse reactions include shock and anaphylaxis (such as hives, difficulty breathing, and angioedema), most of which appear within 30 minutes following vaccination, but it could take as long as 4 hours though it is very rare. Other reported symptoms also include Guillain-Barré Syndrome, convulsion, acute disseminated encephalomyelitis (ADEM), inflammation of brain (encephalitis), inflammation of the spinal cord (myelitis), optic neuritis, liver dysfunction, jaundice, and asthma.

More common side effects include rash, hives, erythema and itching and these could appear soon after vaccination to a few days afterwards. Other side effects such as local redness, swelling and pain, as well as whole-body symptoms such as a high fever, chill, headache and fatigue can also develop but normally go away within a few days.

5. Vaccine Injury Support Schemes

Persons who suffer from health damage following optional vaccination (including flu vaccination) in some cases may be eligible for one of vaccine injury support schemes in accordance with the Pharmaceuticals and Medical Devices Agency Act or Tsukuba City Non-statutory Vaccination Injury Compensation Rules. If you think you may be eligible, please inquire at your doctor or Tsukuba City.

Reference (Available in Japanese only)

Vaccination Guidelines (Public Foundation of Vaccination Research Center)

Frequently Asked Questions about Vaccination (Japanese Association of Vaccine Industries)