Influenza Vaccination (Flu Shot) – Medical History

***Please write within the boxes.**

*Guardians with adequate knowledge of their child's health condition may fill out the form for their child.

Body temperature before exam	℃

Address 住所		TEL	
Name of patient		Sex	☐Male ☐ Female
(Guardian's name)		Date of Birth	year month day (years old (months))

Questions	Answers		Doctor's Notes
1 Did you read and understand the explanation about the vaccination you are about to receive today?	☐ No	☐ Yes	
2 Is today your first influenza vaccination (flu shot) of this season?	☐ No This is my ____ time My last shot was ____ month ____ day.	☐ Yes	
3 Are you feeling sick today at all?	☐ Yes	☐ No	
4 Are you currently going to the doctor for any sort of illness?	☐ Yes	☐ No	
・Are you receiving treatment (medication, etc)?	☐ Yes	☐ No	
・Did the doctor treating you say it was alright to get the influenza vaccination?	☐ No	☐ Yes	
5 Have you been sick in the last month?	☐ Yes	☐ No	
6 Have you ever been diagnosed with a serious illness?	☐ Yes ☐cardiovascular ☐kidneys ☐liver ☐blood disease ☐immunodeficiency disease	☐ No	
7 Have you ever been diagnosed with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses? If so, are you currently in treatment?	☐ Yes ____ year ____ month ☐Currently in treatment ☐Not in treatment	☐ No	
8 Have you ever had a seizure (convulsions) ?	☐ Yes ____ times 回 The last one was ____ year ____ month	☐ No	
9 Have you ever had a rash, hives, or other reaction to certain medicines or foods?	☐ Yes Medicine or food name: ☐eggs ☐ chicken ☐other _____	☐ No	
10 Have you or any of your relatives been diagnosed with a congenital immunodeficiency?	☐ Yes はい	☐ No	
11 Have you, your family, or anyone around you contracted measles, rubella, chicken pox, or mumps in the last month?	☐ Yes ☐measles ☐rubella ☐chicken pox ☐mumps	☐ No	
12 Have you received any vaccinations in the last month?	☐ Yes Name of vaccination _____	☐ No	
13 Have you ever felt sick after receiving a vaccination?	☐ Yes Name of vaccination ☐Influenza vaccination ☐Other _____	☐ No	
14 (Women only) Are you currently pregnant?	☐ Yes	☐ No	
15 (If the vaccination is for a child) Were there any problems with the child's health during labor, delivery, or infancy?	☐ Yes ☐labor _____ ☐delivery _____ ☐infancy _____	☐ No	
16 If there are any other things about your health that you want to tell the doctor, please write them here.			

医師の記入欄：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)　　**医師の署名又は記名押印**

本人(もしくは保護者)に対して、予防接種の効果、副反応及び医薬品医療機器総合機構法に基づく救済について、説明した。

After an examination with the doctor, I have heard and understood the doctor's explanation about the vaccination, its effects and purpose, and the possibility of serious side effects. ☐Yes, I want to receive the vaccination ☐No, I do not want to receive the vaccination	Patient's Signature (Guardian's Signature) *Patients that are not able to write themselves must have a representative sign and state their relationship to the patient.

使用ワクチン名		用法・用量	実施場所・医師名・接種日時
インフルエンザ HA ワクチン ☐ 化血研 ☐ デンカ生研	Lot.No.	皮下接種 ☐0.5ml (3 歳以上) ☐0.25ml (6 ヶ月以上 3 歳未満)	実施場所： 医師名： 接種日時： 平成 年 月 日 :時 分
カルテ No.			

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℃)
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.