

Consent form of Clinical Consultation

President, National Center for Global Health and Medicine

I have been offered and explained the Information Sheet(s) checked below. I have read and understood the information in the IS(s). I consent voluntarily to receive the medical care checked below.

Provider's name (Physician) _____

Vaccine Information and Explanation

(eligibility, effectiveness, methods, scheduling, interval, possibility and management of adverse event, compensation system)

Information Sheet: Travelers' Vaccine: before you get a shot

Hepatitis A, Hepatitis B, Tetanus, Rabies, Japanese Encephalitis, Influenza, Measles, Rubella, Mumps, Varicella, MR (Measles/Rubella), IPV, DTaP (Diphtheria/Tetanus/acellular Pertussis), Meningococcal disease (Menactra), ()

Vaccine (Not-approved by Japanese government)

(eligibility, effectiveness, methods, scheduling, interval, possibility and management of adverse event, compensation system)

Information Sheet: Travelers' Vaccine: before you get a shot

Typhoid (Typhim Vi), Hepatitis A (Havrix), Rabies (Verorab), Tdap (booster for adolescent/adult (Boostrix)), MMR (Measles/Mumps/Rubella (Priorix)), Tick-borne encephalitis (FSME IMMUN), Meningococcal Meningitis (Bexsero) (Other:)

Prophylaxis/medication for Malaria

Information Sheet: Pocket guide about Malaria Prevention

Prophylaxis/medication for Malaria (off label use in Japan)

Information Sheet: Prophylaxis for Malaria by Doxycycline

Prophylaxis/medication for Altitude sickness/Acute Mountain Sickness

Information Sheet: Prophylaxis for Altitude sickness

Stand-by treatment for diarrhea

Information Sheet: Travelers' Diarrhea

Date: _____ / _____ / _____

Name (over 18 years old) _____

Name (guardian/decision-maker's name) _____