

Vaccination Questionnaire

Date / /

Name

Hospital ID

Date of birth / / (Day / Month / Year) Body Temperature °C

【Questions】

- | | | | | |
|----|--|-----|---|----|
| 1 | Do you have any concerns about your health today? | Yes | ▪ | No |
| 2 | Do you currently have any sickness? | Yes | ▪ | No |
| | (Name of disease :) | | | |
| 3 | Do you currently take any medications? | Yes | ▪ | No |
| | (Name of medicine :) | | | |
| 4 | Have you ever had convulsions? | Yes | ▪ | No |
| | If yes, when did you have it? () | | | |
| 5 | Have you been diagnosed with immunodeficiency? | Yes | ▪ | No |
| 6 | Have you ever had an allergic reaction after receiving medicine or eating a particular food? | Yes | ▪ | No |
| 7 | Have you ever had any allergic reaction after eating eggs? | Yes | ▪ | No |
| 8 | Have you received immunizations within 4 weeks? | Yes | ▪ | No |
| | (When:) (Name of vaccine :) | | | |
| 9 | Have you ever had any major illness in the past? | Yes | ▪ | No |
| | (Name of disease:) | | | |
| 10 | Have you ever felt sick after receiving immunizations? | Yes | ▪ | No |
| | If yes, please describe the specific name vaccines and symptoms.
() | | | |
| 11 | Have you ever felt sick with blood sampling or dental treatment? | Yes | ▪ | No |
| 12 | 【Women only】 Is there a possibility you are pregnant? | Yes | ▪ | No |
| 13 | Do you have any concerns about your current health condition? | Yes | ▪ | No |
| 14 | Are you a student? (We offer student discount prices for some vaccinations) | Yes | ▪ | No |
| | (Name of school:) | | | |
| | Please present your student card to your doctor. | | | |

【Physician's notes】 以上の問診と診察の結果、本日のワクチンの接種は 可 ▪ 不可

国立健康危機管理研究機構 国立国際医療センター
国際感染症センター トラベルクリニック
医師:

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 vaccination.

Hepatitis A, Hepatitis B, Tetanus, Rabies, Japanese Encephalitis, Influenza, Measles, Rubella, Mumps, Varicella, MR (Measles/Rubella), IPV, DTaP (Diphtheria/Tetanus/acellular Pertussis), DPT-IPV, DPT-IPV-Hib, PCV13, PCV15, PPSV23, Hib, Meningococcal disease, Shingles, BCG, Rota, HPV, RSV(for Elderly), Others ()

☐ **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 vaccination.

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) _____