

2023 Influenza Vaccination Questionnaire

Please answer all items inside the bold frame.

		Body temperature		. °C
Name		Female • Male	Date of birth :	/ / (Age:)
Address				
Student	ID No.	Laboratory	Staff	Affiliation
	-	(Ext.)		(Ext.)
E-mail			phone	- -
Guardian's agreement (if under 18)		I, () , agree that the above-mentioned person may receive the influenza vaccination. Signature: _____		

Questions	Answers		Doctor's use
Did you read the "Key Facts About Seasonal Flu Vaccine" on the back of this sheet, and understand the efficacy and risks of the vaccine?	YES	NO	
Is this your 1st influenza vaccination of this season?	YES	NO	
Are you currently going to a doctor for any sort of illness? If yes, (Name of disease:)	NO	YES	
Are you receiving treatment (medication, etc)? If yes, (Name of medications:)	NO	YES	
Did the doctor treating you say it was alright for you to receive the influenza vaccination?	YES	NO	
Are you feeling unwell at all today? If yes, how? ()	NO	YES	
Have you ever been diagnosed with a serious illness such as congenital abnormality, heart, kidney, liver, blood, central nerve disease, malignant tumor, immune deficiency or any other diseases? (Name of a disease:)	NO	YES	
If yes, does your doctor agree with you receiving the flu vaccination?	YES	NO	
Have you been sick in the last month? (indicate if any:)	NO	YES	
Has anyone around you had influenza, measles, rubella, chickenpox, mumps or other infectious diseases in the last month? (indicate if any:)	NO	YES	
Have you received any vaccinations in the last month? (indicate if any:)	NO	YES	
Have you ever felt sick because of the influenza vaccination? (indicate if any:)	NO	YES	
Have you ever felt sick after receiving a vaccination? (Excluding the influenza vaccination.) (indicate if any:)	NO	YES	
Have you ever had a rash, hives, or other reaction to certain medicines or foods (eggs or chicken etc.)? (Details of medicine and food:) (Condition at that time:)	NO	YES	
Any history of seizure? () Age Time	NO	YES	
If yes, did it come with fever?	NO	YES	
Have you ever been diagnosed with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses?	NO	YES	
Have you or any of your relatives been diagnosed with a congenital immunodeficiency?	NO	YES	
Do you have any close relatives who felt ill following a vaccination?	NO	YES	
(Females only) Are you pregnant?	NO	YES / not sure	
If yes, does your doctor agree to your receiving the flu vaccination?	YES	NO	
If you have any questions that you want to tell the doctor about your health or today's vaccination, please write them here. ()			

Vaccine recipient:
I have answered the questions above correctly and understanding the merits and risks about this vaccine, including the rare but severe adverse reactions. I still chose to receive the influenza vaccination. Influenza HA vaccination (quadrivalent vaccine) [manufactured in Japan]
Signature: _____

For doctor's use

医師記入欄
以上の問診等の診察の結果、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 _____

ワクチンメーカー名、ロット番号	接種量	実施機関、医師名、接種年月日
メーカー名	0.5 mL (皮下)	実施機関: 東京大学 保健・健康推進本部
Lot No.		接種年月日: 20 年 月 日 医師名: _____

Key Facts About Seasonal Flu Vaccine

What is Influenza (also called Flu)?

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year.

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 and/or harden, feel hot, hurt, feel numb or vesiculate, 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, cough, vomiting or nausea, diarrhea, joint pain, muscular pain and/or muscle weakness. An oversensitivity to the vaccination may lead to rashes, hives, eczema, erythema and/or itchiness, as well as cellulitis, facial palsy and other forms of paralysis, peripheral neuropathy, faint, vasovagal reaction and/or uveitis. The following side effects are extremely rare but have been known to occur: (1) shock, anaphylaxis (urticaria, dyspnea, angioedema, etc.), (2) acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, disturbance of consciousness, etc. within two weeks from several days after inoculation), (3) encephalitis/encephalopathy, myelitis, optic neuritis, (4) Guillain-Barre syndrome (numbness of both hands and feet, walking disorder etc.), (5) convulsion (including febrile convulsions), (6) liver dysfunction, jaundice, (7) asthma attacks, (8) thrombocytopenic purpura, thrombocytopenia, (9) vasculitis (IgA vasculitis, eosinophilic polyangiitis granulomatosis, leukocytoclastic vasculitis etc.), (10) interstitial pneumonia, (11) skin mucosal ocular syndrome (Stevens-Johnson syndrome), acute generalized exanthematous pustulosis, (12) nephrotic syndrome. If you have suffered deterioration 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. (Phone: 0120-149-931 URL: <https://www.pmda.go.jp>)

Patients who cannot receive the influenza vaccination:

- 1 Patients with high fever (above 37.5°C)
- 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
- 4 Any other person determined by their doctor to be unable to receive the vaccination.

*Additionally, patients with medical conditions need to follow their doctor's instruction.

Patients who must consult their doctor before receiving the influenza vaccination:

- 1 Patients with delayed development and receiving care from their doctor and health nurses
- 2 Patients coming down with a cold or getting other illness
- 3 Patients with heart disease, kidney disease, liver disease, blood disease, or other serious illness
- 4 Patients who have had a fever within two days of a vaccination, or allergic complications like rashes or hives
- 5 Patients who have experienced seizures (convulsions) in the past
- 6 Patients who have been diagnosed with, or have had relatives diagnosed with immunodeficiencies in the past
- 7 Patients with interstitial pneumonia, bronchial asthma, or other types of respiratory illnesses
- 8 Patients who have experienced rashes on the skin from medicine or food (containing chicken eggs or chicken meat), or otherwise felt unwell
- 9 Pregnant women and women who may be pregnant

Caution – Please Read

- 1 You may experience sudden side effects in the 30 minutes after receiving the influenza vaccination. Stay near the Health Service Center so that you can observe your symptoms and promptly contact a doctor if necessary.
- 2 Keep the injection site clean and hygienic. You may take a shower or bath on the same day that you have been vaccinated but do not rub, scratch, or scrub the injection site.
- 3 Avoid extreme exercise or over-consumption of alcohol on the day of the vaccination.
- 4 In the small chance that you experience serious side effects, please consult a doctor as soon as possible.

See the following website for more information

-> <https://www.cdc.gov/flu/index.htm> (Centers for Disease Control and Prevention (USA))

* Some information may not apply to the Japanese healthcare system. This information is provided only for the convenience of non-Japanese speakers. UTokyo Health Service Center follows the Japanese healthcare regulations and best medical knowledge available.

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