

Pre-vaccination Screening Questionnaire: Influenza(Flu)

Please measure your body temperature in advance and fill it out.

Please answer the questions **in the thick frame and bring this form** to your appointment. **(write with a ballpoint pen)**

Body Temperature _____ °C

Staff Affiliation		TEL	
Name	M · F	Date of birth	Age:

Questions	Answers	Doctor
1. Have you read and understood the explanation of the vaccination you are about to receive today?	No	Yes
2. Is this your first/second time to have a flu vaccination this season?	second time	first time
3. Do you feel unwell today?	Yes (Pls specify how)	No
4. Are you being treated by a doctor for a disease?(medication→16)	Yes (diagnosis)	No
5. Did you fall ill in the last one month?	Yes (diagnosis)	No
6. Does anyone in your family or around you contracted an infectious disease such as measles, rubella, chickenpox, mumps in the last one month?	Yes (diagnosis)	No
7. Did you have any vaccinations in the last one month?	Yes (Immunization name)	No
8. Have you ever felt unwell after getting a vaccination?	Yes (Pls explain)	No
9. Do you have any history of special illness (congenital abnormality, heart/kidney/liver/blood/ central nerves disease, immunodeficiency, malignant tumor or others) ?	Yes (Pls specify)	No
If yes in the previous question, did you obtain an approval for today's vaccination from the physician who has been treating you ?	No	Yes
10. Have you ever been diagnosed as having a respiratory disease such as interstitial pneumonia or bronchial asthma?	Yes (Age: _____)	No
11. Have you ever had a convulsion?	Yes (Age: _____)	No
12. Have you ever had any skin troubles/allergic reactions or become unwell by taking particular medication or food (chicken egg or/and chicken meat)?	Yes (name of medication/food)	No
13. Has anyone in your family ever felt unwell after receiving vaccination?	Yes (Immunization name)	No
14. Has anyone in your family been diagnosed as congenital immunodeficiency?	Yes	No
15. [Women only]: Are you currently pregnant or planning pregnancy?	Yes	No
16. Please describe any further information which may be relevant (eg. Medicines currently taking etc.)		

Dr's comment

As the result of the questionnaire and the medical examination, today's vaccination is (Possible · Not possible)
I have explained to the patient the information about benefits, possible side effects of the vaccination and the support by law provided to adverse events .

Doctor's name (signature) _____

Ethanol prohibited

Wait 30 minutes(_____ ~ _____)

fill in the person

I have understood the effects and possible side effects of influenza vaccine. I would like to have the vaccination today.

Signature _____

Vaccine Lot No.	Dose	Confirmation by Physician · Inoculation date · Venue
	subcutaneous inoculation 0.5ml	Date _____ Tokyo University of the Arts Health Care Service Center

The personal information provided will be used only for vaccination screening.

Important Notice for People Receiving Influenza (Flu) Vaccination

The guidelines of the Japanese Ministry of Health, Labour and Welfare say that it is ultimately your responsibility for deciding to get a flu vaccination (If you are a minor, your parent/guardian is responsible for your vaccination).

At our center, a single flu shot will be given to patients who we determine appropriate to get one, considering their health conditions on the day.

Key Facts about Influenza (Flu) and its complication

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Usually symptoms like acute fever, sore throat, cough and sneeze appear 1–5 days after infection, and disappear in about one week.

It can cause mild to severe illness, and at times can lead to serious complications (pneumonia, death...etc.)

People at greater risk of the flu includes older people, infants and people with certain health conditions such as weakened immune systems.

Target of flu vaccine

Flu vaccine for 2021–2022 season is developed against four strains including two of typeA and two of typeB .

Flu vaccination can keep you from getting flu, make flu less severe if you do get it.

It can reduce the risk of more serious flu outcomes and death.

Common side effects

1.hypersensitivity :rush, hives, eczema, erythema, erythema multiforme, itch or angioedema, appears immediately or after a few days of vaccination

2.local symptoms:redness, expansion, induration, feeling of heat, pain, blisters, numbness **...usually disappears in a few days**

3.constitutional symptoms: fever, chill, headache, physical weariness, temporary unconsciousness, dizziness, lymphadenopathy, nausea, vomit, stomachache, diarrhea, loss of appetite, arthritis, muscle pain, muscle weakness, cough, palpitation, etc.**...usually they should disappear in a few days**

4.neurological disorders :facial paralysis etc., phlegmon(bacterial suppuration, faint, vasovagal reaction), peripheral neuropathy

5.opthalmopathy :uveitis

Rare but serious side effects: if you find a sign of the following, please consult a doctor.

1.shock, anaphylactic reaction

* Anaphylactic reaction is a severe allergic reaction such as hives, breathing trouble or angioedema that usually happens within 30 minutes.

2.Acute disseminated encephalomyelitis (fever, headache, convulsion, movement disorders, unconsciousness)

3.encephalitis, encephalosis, myelitis, optic neuritis

4.Guillain–Barré Syndrome (numbness of limbs, gait disorders)

5.Convulsion (including febrile seizure)

6.Liver dysfunction, jaundice

7.asthmatic attack

8.thrombocytopenic purpura, thrombocytopenia

9.vasculitis (allergic purpura, allergic granulomatous angiitis, leukocytoclastic vasculitis)

10.interstitial pneumonitis

11.Stevens–Johnson syndrome (rash, skin peeling, and sores on the mucous membranes.)

12.Nephrosis

Aid for the person who suffer from a certain level of disability due to illness caused by vaccination is to be processed by the person or his/her family in accordance with Act on Pharmaceuticals and Medical Devices Agency, Independent Administrative Agency, .

You should not be vaccinated when

1.your temperature is over 37.5°C

2.you are undoubtedly suffering a serious acute illness

3.you are allergic to the influenza vaccine components and with a history of anaphylaxis

4.our physician has determined that your vaccination is medically inappropriate

You should have a pre-vaccination consultation if

1.you have underlying diseases such as heart disease, renal disease, liver disease or hematologic disease.

2.you are suspectedly getting a cold.

3.Children having developing problem and being watched by a physician or public health nurses.

4.you experienced allergic symptoms such as fever, rash or hives within two days after your last vaccination.

5.you have a history of convulsions.

6.you were diagnosed having an immunodeficiency disease or you have a close family member with a congenital immunodeficiency syndrome.

7.you have respiratory tract disease such as interstitial pneumonia or bronchitic asthma.

8.you developed a rash or faced any physical problems by medication or eating food such as chicken egg or meat.

9.you have the possibility of being pregnant

Things to remember after receiving vaccination

1.Stay in the campus for another 30 minutes after you receive a flu vaccination. If an allergic response is observed, return to the health care service center where you had the vaccination.

2.You may bathe after you receive a vaccination but try not to massage the site of injection.

3.Keep the site of injection clean and continue the day as usual. However, avoid heavy exercise and alcohol.

4.Be aware that side effects may occur in 1 week after a flu vaccination.

5.Should you any abnormal symptoms occur, such as fever or convulsion, immediately see a doctor.