Pre-vaccination Screening Questionnaire: Influenza(Flu)

Please answer the questions in the thick frame and bring this form to your appointment	In a transfer of the second

「emperature before vaccination °C

(write with a ballpoint pen)

(internal daupente peri)						
Staff Affiliation:			TEL:			
			E-mail:			
Name:	M • F		Date of birth	Age:		

Answers	Doctor
Yes	
first ti	ime
how) No	
ime) No	
ime) No	
me) No	
on name) No	
No	
No	
Yes	
) No	
) No	
No ation/food)	
on name) No	
No	
No	

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.

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

Date: Signature

Vaccine Lot No.	Dose	Confirmation by Physician • Inoculation date • Venue
	subcutaneous inoculation	Mariko Tanaka (M.D.) Date:
		Tokyo University of the Arts Health Care Service Center

Receipt (Please write your name)

(staff)

Name: 様

Amount ¥2,700.In Payment of Infulenza Vaccination
* Validated with official stamp.

a Vaccination (



<u>Caution</u>: Watch for your physical sign of allergic reaction especially for the first 30 minutes after the injection. If you find any, come back to the Health Service Center immediately.

* Signs of a severe allergic reaction ('Anaphylaxis') may include sweating, swelling of the face, hives, difficulty breathing with drop of the blood pressure—usually within half an hour after the vaccination. Check details in the leaflet, 'Important Notice for People Receiving Influenza (Flu)