英語版

Form 2

Vaccine Screening Questionnaire for [ ] (infant/schoolchild)

		Body temperature before interview			Degrees
Address					
Child's Name		M	Birth	Born on / / (d/m/y)	
Parent/Guardian's Name		F	date	Age (years months)	

Questionnaire for Vaccination	Answer		Doctor's comment
Have you read the document (sent to you previously by the municipal office) explaining the vaccination that will be administered today?	Yes	No	
Please answer the following questions about the child. Birth Weight ( ) g Did the child have any abnormal findings at delivery? Did the child have any abnormal findings after birth? Was any abnormality identified at an infant health check?	 Yes Yes Yes	 No No No	
Is the child sick today? If so, describe the nature of the illness. ( )	Yes	No	
Has the child been ill in the past month? Disease name ( )	Yes	No	
Has any family member or friend of the child had measles, rubella, chickenpox or mumps in the past month? Disease name ( )	Yes	No	
Has the child been exposed to anyone with tuberculosis (including family members)?	Yes	No	
Has the child been vaccinated in the past month? Vaccine name ( )	Yes	No	
Does the child have a congenital anomaly, heart, kidney, liver, central nerve disease, immune deficiency, or any other diseases for which you have consulted a doctor? Disease name ( )	Yes	No	
Where relevant, did the doctor who manages the above disease agree with today's vaccination?	Yes	No	
Has the child had a seizure (spasm or fit) in the past? If so, at what age did it occur? ( )	Yes	No	
If you answered "yes" to the preceding question, did the child have a fever at that time?	Yes	No	
Has the child ever had a rash or urticaria (hives or 'nettle rash') as a reaction to medications or food or become ill after eating certain foods or receiving certain medications?	Yes	No	
Does the child have a family member or relative with a congenital immunodeficiency?	Yes	No	
Has the child had a serious reaction to a vaccine in the past? Vaccine name ( )	Yes	No	
Has any family member or relative of the child had a serious reaction to a vaccine in the past?	Yes	No	
Has the child received a transfusion of blood or blood products or been given a medicine called gamma globulin in the past 6 months?	Yes	No	
Do you have any questions about today's vaccination?	Yes	No	

Doctor's comment

Based on the above answers and the results of interview, I have decided that the child (can / should not) receive a vaccination today. I have explained to the parent/guardian the information concerning the benefits and side effects of vaccination and the support provided to people who have had adverse events associated with vaccination.

Signature or Name and Seal of Doctor:

This screening questionnaire is used to improve the safety of vaccination. The child has been interviewed by the doctor, and information concerning the benefits, objectives, and risks (including serious side effects) of vaccination has been explained to me by the doctor, as has the nature of support provided if adverse events occur. I believe that I understand this information.

I (do / do not)* give consent for the child to be vaccinated. * Please circle your choice.

I understand the above and agree that this questionnaire can be submitted to the municipal office.

Signature of Parent / Guardian:

Vaccine Name	Dosage	Institution / Doctor Name / Date Administered
Vaccine Name Lot Number [Caution] Confirm that the expiration date of the vaccine is valid.	* (Subcutaneous injection) ** (Oral administration) mL	Institution: Doctor Name: Date Administered: / / (d/m/y)

[Note] Gamma globulin is a blood product that is injected to prevent infections, such as type A hepatitis, and to treat severe infections. Certain vaccines (for example, measles vaccine) are occasionally less effective in people who have received this product in the preceding 3 to 6 months.

* In the case of BCG vaccination, describe, for example, "percutaneous vaccination using a BCG apparatus with multiple needles at a specified volume."

** In the case of polio vaccination, describe, for example, "Oral administration at a specified dose of 0.05 mL."