(1) For submission
to the Medical Bureau

Preliminary Medical Checkup Sheet for Influenza Vaccination for the Elderly

City of Yokohama

(If you are going to be vaccinated, please fill in all the information in the bold boxes before the examination.)

Body temperature before examination	℃

Address	Yokohama Ward			
Katakana			Tel : — —	
Name			Male / Female	Confirmation column for medical institution Check (✓)
Date of birth	(YYYY) (MM) (DD) (age: yrs.)			Age verification (Insurance card, etc.)
Type of disability (If you are between 60 and 65 years old and have a disability equivalent to Level 1, circle all that apply) Heart, glands, respiratory organs, immune functions due to human immunodeficiency virus				Disability Certificate (attach photocopy)
				Medical certificate (attach photocopy)

Persons exempted from co-payment Confirmation column for medical institution (Confirm with one of the following documents and put a circle next to the number. Attach photocopies of items 1 through 3, 5 and 8, and originals of items 6 and 9.)

1. Notice of Determination of Nursing Care Insurance Premium Amount and Notice of Nursing Care Insurance Premium Amount	5. Request for Medical Treatment on Holidays and at Night and Certificate of Public Assistance Payment
2. Certificate of Maximum Copayment Amount for Long-Term Care Insurance	6. Certificate of Receipt of Public Assistance / 7. Medical Ticket Under the Public Assistance Act
3. Certificate for Application of Maximum Amount and Reduction of Standard Co- payment Under the Health-care System for People Aged Seventy-five and Over	8. Identification Card (for Japanese returnees from China, etc.)
4. Online eligibility confirmation pertaining to Certificate for Application of Maximum Amount and Reduction of Standard Co- payment Under the Health-care System for People Aged Seventy-five and Over	9. Confirmation of Exemption from Co-payment for Adult Pneumococcal Vaccination

Questions	Answer column		Physician's use only
Have you read the information sheet distributed by the City of Yokohama regarding today's influenza vaccination?	Yes	No	
Do you understand the effects and potential side effects, etc. of today's vaccination?	Yes	No	
Are you currently suffering from any medical conditions? Name of condition ( ) Are you receiving any treatment (medication, etc.)? Has your doctor told you that you can receive the vaccination today?	Yes Yes Yes	No No No	
Have you ever been diagnosed with immunodeficiency?	Yes	No	
Do you feel unwell in any way today? If so, please describe your symptoms ( )	Yes	No	
Has your child ever experienced rash, hives and other such ailments in reaction to certain medicines, foods, etc.? Medicine/food name( )	Yes	No	
Have you ever had an influenza vaccination? Have you ever fallen sick after having had this vaccination?	Yes Yes	No No	
Have you ever fallen sick after receiving any other kind of vaccination?	Yes	No	
Have you ever had a seizure (convulsion)?	Yes	No	
Have you received any vaccinations within the past month? Type of vaccination ( )	Yes	No	
Have you ever had a chronic medical condition such as heart disease, kidney disease, liver disease, or blood disease? Name of condition ( ) Has the doctor who is treating you for this condition told you that you can receive the vaccination today?	Yes Yes	No No	
Have you had a high temperature or been sick at any time in the past month? Name of illness ( )	Yes	No	
Do you have any questions about today's vaccination?	Yes	No	

Physician's use only	Based on the above interview and examination, I judge that the vaccination today **can be administered / should be postponed**. I explained the expected effects of the vaccination, potential side effects, and the Relief System for Sufferers from Adverse Drug Reactions to the patient. **Physician's signature or name and seal (stamp)**

Vaccine lot number	Dose administered	Place of administration, name of medical institution, name of physician	Date of vaccination (YYYY/MM/DD)
Lot No. Physician has verified vaccine expiration date ☐	0.5ml	Place of administration: Name of medical institution/name of physician:	

Pneumococcal Vaccination for Adults Request Form (Please fill out this form after the doctor has examined you and determined that you are eligible for the vaccination.)

Having received a medical examination from a physician and having understood the effects and purpose of the vaccination, the possibility of serious side effects, and the Relief System for Sufferers from Adverse Drug Reactions, I hereby request to be vaccinated. The purpose of this medical checkup sheet is to ensure the safety of vaccinations. I understand the purpose of this medical checkup sheet and agree to have it submitted to the City of Yokohama.

Name of person to be vaccinated (please sign; write the person's name if you are filling out this form on behalf of the person to be vaccinated)

※If you are filling out this form on behalf of someone who is unable to sign his or her own name, please write the name of the person to be vaccinated above on the right side of the page. Name of person filling out form on behalf of the person to be vaccinated:

Relationship with the person to be vaccinated ( )

Influenza Vaccination Certificate

Address	Yokohama Ward			
Katakana			Tel. : — —	
Name			Male / Female	
Date of birth	(YYYY) (MM) (DD)		(age: yrs.)	

1. General precautions to take after having received a vaccination

(1) During the first 30 minutes after vaccination, you should make sure you can contact your doctor immediately, as sudden side effects may occur.

(2) Side effects to influenza vaccines tend to occur within 24 hours, so please pay attention to your physical condition during this period.

(3) You can take a bath, but do not rub the injection site strongly.

(4) On the day of vaccination, avoid strenuous exercise and excessive consumption of alcohol.

2. Potential side effects of the influenza vaccine

Potential side effects include redness, swelling, or pain at the site of the injection, fever, chills, headache, and general lethargy, but these usually go away within 2 to 3 days.

In addition, rashes, hives, etc. may occur rarely as hypersensitivity reactions, and there have been reports of anaphylaxis-like symptoms, convulsions, liver dysfunction, asthma attacks, etc., although these are very rare.

After receiving the vaccination, seek medical attention if you experience symptoms such as pain or severe swelling with fever in the inoculated area, hives all over the body, vomiting, pale face, low blood pressure, or a high fever.

3. About the Vaccination Certificate

This Influenza Vaccination Certificate is a document certifying that you have received an influenza vaccination administered by the City of Yokohama.

Date: (YYYY) (MM) (DD)

Mayor of Yokohama City **Seal**

Vaccine lot number	Dose administered	Place of administration, name of medical institution, name of physician	Date of vaccination (YYYY/MM/DD)
Lot No. Physician has verified vaccine expiration date ☐	0.5ml	Place of administration: Name of medical institution/name of physician:	

Note: A rubber stamp is also acceptable for the place of administration, name of medical institution, and name of physician.