

FY20 Preliminary Medical Checkup Sheet for Pneumococcal Vaccination for Adults



Body temperature before examination				°C
Address	Yokohama Ward			
Katakana			Tel. :	— —
Name			Male / Female	Confirmation column for medical institution Check (✓)
Date of birth	(YYYY)	(MM)	(DD)	(age: yrs.)
Type of disability (If you are between 60 and 65 years old and have a disability equivalent to Level 1, circle all that apply)				Age verification (Insurance card, etc.)
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 5, and originals of items 6 and 7.)
- | | |
|---|---|
| 1. Notice of Determination of Nursing Care Insurance Premium Amount and Notice of Nursing Care Insurance Premium Amount | 5. Identification Card (for Japanese returnees from China, etc.) |
| 2. Certificate of Maximum Copayment Amount for Long-Term Care Insurance | 6. Confirmation of Exemption from Co-payment for Adult Pneumococcal Vaccination |
| 3. Certificate for Application of Maximum Amount and Reduction of Standard Co-payment for Medical Care Under the Health-care System for People Aged Seventy-five and Over | 7. Certificate of Receipt of Public Assistance |
| 4. Request for Medical Treatment on Holidays and at Night and Certificate of Public Assistance Payment | 8. Medical Ticket Under the Public Assistance Act |

Questions	Answer column		Physician's use only
	Yes	No	
Have you read the information sheet distributed by the City of Yokohama regarding today's pneumococcal 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 ()	Yes	No	
Are you receiving any treatment (medication, etc.)?	Yes	No	
Has your doctor told you that you can receive the vaccination today?	Yes	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	
Have you ever had a pneumococcal vaccination? If so, when did you have it (year/month)? ()	Yes	No	
Have you ever fallen sick after having had this vaccination?	Yes	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 ()	Yes	No	
Has the doctor who is treating you for this condition told you that you can receive the vaccination today?	Yes	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	Type of injection	Dose administered	Place of administration, name of medical institution, name of physician, date of vaccination
Lot No.	Subcutaneous / Intramuscular	0.5ml	Place of administration: Name of medical institution/name of physician: Date of vaccination: (YYYY) (MM) (DD)
Physician has verified vaccine expiration date <input type="checkbox"/>			

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 and explanation 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.

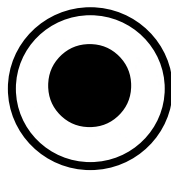
The purpose of this medical checkup sheet is to ensure the safety of vaccinations.

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 ()



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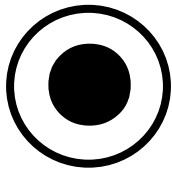
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Relationship with the person to be vaccinated ()



FY 20__ Certificate of Pneumococcal Vaccination for Adults

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) You can take a bath, but do not rub the injection site strongly.
- (3) On the day of vaccination, avoid strenuous exercise and excessive consumption of alcohol.

2. Things to be aware of after having received the pneumococcal vaccination

The 23-valent pneumococcal polysaccharide vaccine (PPSV23) takes about three weeks to produce antibodies (immunity) after vaccination.

In rare cases, the injected area may become red or swollen, or may feel hot or painful, but this usually goes away in two to three days. If you experience any other changes in your physical condition, such as feverishness or lethargy, please consult your doctor immediately.

In addition, if you are re-vaccinated within 5 years, you may experience pain at the injection site, so if you are considering re-vaccination as a voluntary vaccination in the future, please do so after consulting with your doctor after an interval of 5 years or more.

3. About the Vaccination Certificate

This Certificate of Pneumococcal Vaccination for Adults is a document certifying that you have received a pneumococcal vaccination for adults administered by the City of Yokohama. Please keep this document in a safe place as it will also serve as confirmation of your vaccination history.

Date: (YYYY) (MM) (DD) _____

Mayor of Yokohama City

Vaccine lot number	Type of injection	Dose administered	Place of administration, name of medical institution, name of physician, date of vaccination
Lot No. Physician has verified vaccine expiration date <input type="checkbox"/>	Subcutaneous / Intramuscular	0.5ml	Place of administration: Name of medical institution/name of physician: Date of vaccination (year/month/day):

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