The Influenza Vaccine

Before you receive vaccination against Influenza, the doctor needs to know about your health condition in detail. Please enter precise information in the questionnaire to the best of your knowledge.

1. Influenza and its complication

Influenza is transmitted through the air by coughs or sneezes, creating aerosols containing the virus or through contact with contaminated surfaces. The most common symptoms of the disease, which begin 1-5 days after infection, are chills, high fever, sore throat, muscle pains, coughing, sneezing and fatigue. Usually these symptoms are healed within a week in self-limited way. But sometimes, especially in case of seniors, babies or immunodeficient patients, it may cause severe complications like pneumonia and / or even death.

2. Efficacy and side reactions to the vaccine

Vaccination against influenza can prevent influenza infection or lessen symptoms in severity. Vaccination is expected to prevent complications and death that may result from influenza inflection. On the other hand, known side reactions to influenza vaccine are mild in general. Redness, swelling, induration, feeling hot and pain may occur at the injection spot. There are a few people out of 100 have a fever, and , approximately 1 person out of 10 have swelling. It has been reported that following side reaction may occur very rarely. (1) Shock / anaphylaxis (urticaria, dyspnea, and angioedema etc.), (2) Acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, transient loss of consciousness occur within several days to 2 weeks after inoculation), (3) Guillain-Barré syndrome (Numbness of limbs, gait disturbance etc.), (4) Convulsion (including fever convulsion), (5) Hepatic impairment and jaundice, (6) Asthma, (7) Thrombocytopenic purpura, Thrombopenia, (8) Vasculitis allergic purpura, Allergic and granulomatous angiitis, Leukocytoclastic vasculitis, (9) Interstitial pneumonia, (10) Encephalitis, Encephalosis, Rachiomyelitis, Optic neuritis (11) Mucocutaneous ocular syndrome (Stevens-Johnson syndrome), (12) Nephrotic syndrome, (13) Tremor.

3. You cannot receive vaccination if you have any of the following conditions.

- 1. Overt fever (over 37.5°C)
- 2. Confirmed presence of serious acute disease.
- 3. Previous episode of anaphylaxis to influenza vaccine.
- 4. Other conditions unsuitable for the vaccination in the opinion of the doctor.

4. You have to seek for doctor's opinion about appropriateness of the vaccination if you have any of the following conditions.

- 1. Presence of heart disease, renal disease, hepatic disease, or hematological disease.
- 2. Previous episode of physical abnormality, such as skin rash, in reaction to any drug or any food (chicken or egg, etc).
- 3. Previous episode of convulsion.
- 4. Previous episode of suspected allergic symptoms, such as fever, rash, and urticaria, occurring within 2 days following vaccination.
- 5. Previous episode of test-proven abnormality of immune function in you or your near relatives.
- 6. Presence of respiratory disease, such as interstitial pneumonia, and bronchial asthma
- 7. Suspected pregnancy.

5. Precautions in post-vaccination management

- I. Side reactions may occur abruptly during 30 minutes after vaccination. You should be alert on occurrence of side reaction and make a contact with a doctor if you notice it. It is advised for you to stay in the medical institution for a while after vaccination to monitor occurrence of side reaction.
- 2. Please consult your doctor immediately in case that abnormal symptoms such as high fever and convulsions occur. It may occur within 24 hours after vaccination.
- 3. Side reaction such as redness, swelling, indurations and pain may occur at the injection site but will usually resolve in 4-5 days. Please consult your doctor immediately in case that you do not feel well.
- 4. You can take a bath on the day of vaccination but should not rub the injection spot.
- 5. You are recommended to do usual daily living on the day of vaccination. Please refrain from taking strenuous exercise and heavy drinking of alcoholic beverages.

Please fill in Questionnaire for Vaccination against Influenza HA and see a doctor. If you have any questions, please feel free to ask a doctor.

In case you have some problems because of the vaccine, you might be able to receive medical expenses. Please check Pharmaceuticals and Medical Devices Agency homepage for the details.

Questionnaire for Vaccination against Influenza HA

Staff number

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V	puonai	

Body

Those who want to get vaccination needs to read the attached sheet "The Influenza Vaccine" Please bring this filled with a ballpoint pen and your staff card. The fee will be deducted from your salary.

	TEL /				temp	erature	$^{\circ}$	
Contact number	TEL() — Extension				before exam			
					Date	year r	month day	
Name						/	1	
		Birth		years				
Questions						swers	Doctor's Note	
Did you read and u	•	nation (anothe	r paper) about the effect ar	nd side	No	Yes		
	disease and are you fe	eeling sick toda	av at all?		Yes	No		
Describe in de	-	John 19 Glore to de)		165	INO		
Have you had a fe	ver or an illness in the	alast month?			Yes	No		
Are you receiving t	treatment? Medicine	e name			Yes	No		
	or give you a permiss	sion to take a	vaccination today?		(No)	(Yes)		
			any of the following cond	litions?				
· · · · · · · · · · · · · · · · · · ·	•	•	od, or immunity disorder, e		Yes	No		
Name of Disease		voi, 1101 vo, 510	oa, or miniamity alcordor, o)	. 00	110		
		ll hy taking a	ny medicine or eating an	y food				
(especially chicker		ii by taking a	ily illedicine of eating an	19 1000	Yes	No		
Medicine or for				\	165	INO		
		in ation bafana	<u> </u>)	\/aa	NI.		
	d Influenza (Flu) Vacc		,		Yes	No		
, , ,	et Flu Vaccination last	time? (year / month)		\/			
②Did you get sick					Yes	No		
•	elt sick after a vaccina	ation other tha	n influenza?		Yes	No		
Name of the Vaccine (
Did you take any vaccination in the past four weeks?					Yes	No		
Name of the Va)				
Have you ever had					Yes	No		
			ial pneumonia or bronchial asthr		Yes	No		
			nital immune deficiency disor		Yes Yes	No		
Is there anyone among your close relatives who has felt unwell after taking a vaccination?						No		
Did anyone of you	ir family or close frien	ds suffer from	viral diseases such as me	easles,				
rubella, chickenpo	x, mumps in the past	four weeks?			Yes	No		
Name of the Dise	ase ()				
Do you have any o	questions about today	's vaccination')		Yes	No		
(For women) Are you pregnant now? Or is there any possibility of being pregnant?					Yes	No		
, , , , ,	(1 of Homony 740 you prognant from 1 of to thoro drift possibility of boing prognant:							
	For the Doctor							
Due to the enemo	rs to the above gues			oination	Liudaa	todovla v	vaccination is	
Due to the answers to the above questions, and the result of a medical examination, I judge today's vaccination is								
(possible/impossible).								
医師署名 / Doctor's Signature								
For the Recipient								
After hearing the examination and explanation of effect and adverse reaction on vaccination by the doctor,								
I (am willing to receive / do not wish to receive) today's immunization. To be signed by the recipient								
	クチン名	用法·用量			2 . † ☆ ≨	新口 吽		
			女性·物門	小 。 区间化	」「1女化	主口 吋		
	フルエンザ HA ワクチ	皮下接種	医療機関名: 立 命 食	馆		診 療	所	
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メーカー名:			医師名:		_	n+	\wedge	

2023 Faculty and Staff Medical Examination

Medical Service Center Division of Human Resources

Suzaku

Month	D-+-	D	Reception	Reception	
Month Date	Day	Men	Women		
10	11	Wed	13:00~14:45	14:45~16:15	Multipurpose
10	12	Thu	14:45~16:15	13:00~14:30	room

Kinugasa

Month Date	th Date	D	Reception	Deception	
		Day	Men	Women	Reception
	23	Mon	13:00~14:45	14:45~16:30	
	24	Tue	14:30~16:30	13:00~14:15	
10	25	Wed	9:15~10:15	10:15~11:00	Igaku-kan (B1) Multipurpose room1
			13:00~14:45	14:45~16:00	
	26	26 Thu	9:15~10:15	10:15~11:00	
			13:00~14:30	14:30~15:45	
	27	Fri	14:45~16:30	13:00~14:30	

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Month Date	D-+-	D	Reception	Decemtion	
	Day	Men	Women	Reception	
1 4 5 12 6	1	Fri	13:30 ~ 14:45	15:00 ~ 16:00	
	4	Mon	13:30 ~ 14:45	15:00~16:00	Core Station
	5	Tue	9:30~11:00	11:15~12:00	
			14:30~16:00	13:30 ~ 14:15	
	6	6 Wed	10:30~12:00	9:30~10:15	
			14:45~16:00	13:30 ~ 14:30	
	7	Thu	9:30~11:00	11:15~12:00	
			13:30 ~ 15:00	15:15~16:00	

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Month Date	Data	D	Reception	Reception	
	Day	Men	Women		
10 30) Mon	9:30 ~ 10:45	10:45 ~ 12:00	Building B 2F	
		13:30 ~ 15:00	15:00 ~ 16:00		
10 31	7	10:45 ~ 12:00	9:30 ~ 10:30	Grand Hall	
	31	31 Tue	14:45 ~ 16:00	13:30 ~ 14:30	

The Reception hours are subject to change.

If for some reason you are unable to take the examination , please consult with the Medical Service Center.