## 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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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	befor	before exam	
				Date	year r	month day
Name				of	/	1
				Birth		years
	C	uestions		Ans	swers	Doctor's Note
Did you read and u	Did you read and understand the explanation (another paper) about the effect and side					
Do you have any disease and are you feeling sick today at all?					No	
Describe in de	-	John 19 Glore to de	)	Yes	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	
		sion to take a	vaccination today?	(No)	(Yes)	
			any of the following condition	ıs?		
· · · · · · · · · · · · · · · · · · ·	•	•	od, or immunity disorder, etc.	Yes	No	
Name of Disease		voi, iioi vo, bio	oa, or miniamly alcordor, old.	)	""	
		ll hy taking a	ny medicine or eating any fo	nod .	+	
(especially chicker		ii by taking a	iny medicine or eating any io	Yes	No	
Medicine or for				162	INO	
		in ation bafana		) Vaa	Ma	
	d Influenza (Flu) Vacc		,	Yes	No	
, , ,	et Flu Vaccination last	time? (	year / month)		١	
②Did you get sick				Yes	No	
•	elt sick after a vaccina	ation other tha	n influenza?	Yes	No	
Name of the Vac				)		
	accination in the past	tour weeks?		Yes	No	
Name of the Va				)	<del></del>	
Have you ever had				Yes	No	
			ial pneumonia or bronchial asthma?	Yes	No	
			nital immune deficiency disorder?		No	
Is there anyone amo	ong your close relatives	who has felt un	well after taking a vaccination?	Yes	No	
Did anyone of you	ir family or close frien	ds suffer from	viral diseases such as measle	es,		
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	
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For the Doctor						
For the Doctor						
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						
		用法・用量	按悝场灯 * □	△叫右 * 按付	里口吁	
	フルエンザ HA ワクチ	皮下接種	医療機関名: 立命館		診 療	所
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# **2024**Faculty and Staff Medical Examination Influenza vaccine

Medical Service Center
Division of Human Resources

Please come to the venue at the reception time. Reservations are not required.

## Suzaku

Month	Date	Day	Reception Hours	venue	
10	9	Wed	13:00~16:15	Multipurpose	
	10	Thu	13:00~16:15	room	

## Kinugasa

Month	Date	Day	Reception Hours	venue			
	21	Mon	13:00~16:30				
	22	Tue	13:00~16:30				
10	23	Wed	9:15~11:00	Shigakukan 1F			
			13:00~16:00	Medical Service			
	0.4	24	0.4	0.4	Thu	9:15~11:00	Center
			mu	13:00~15:45			
	25	Fri	13:00~16:30				

## **BKC**

Vaccinations <u>will not be administered</u> during a medical examination.

Vaccination opportunities will be available at the BKC Medical Service Center on Friday, November 1, Tuesday, November 5, and Wednesday, November 6.

## OIC

Month	Date	Day	Reception Hours	venue		
	28	200	00	N.A	9:30 ~ 12:00	
		Mon	13:30 ~ 16:00	BuildingH 1F		
10	00	+	9:30 ~ 12:00	Ballall BTT TT		
	10	29	29 Tue	13:30 ~ 16:00	Medical Service	
		30	20	9:30 ~ 12:00	Center	
	30		Wed	13:30 ~ 16:00		

The Reception hours are subject to change.