

IMMUNIZATION QUESTIONNAIRE/CONSENT FORM (Adult)

Today's vaccine is ()

Body Temperature _____ °C

Name		male	•	female
Date of birth	year	month	day	Age years months
Address				

1. Have you read the literature provided, which outlines the benefits of the vaccine as well as the possible side effects?	YES/NO
2. Do you have any concerns about your health today ? If yes, please specify ()	YES/NO
3. During the past 1 month, did you get sick ? Please specify ()	YES/NO
4. During the past 1 month , did you come into contact with someone who had measles, rubella, chicken pox, or mumps? Please specify ()	YES/NO
5. During the past 4 weeks , did you receive any vaccination? Please specify ()	YES/NO
6. Do you have or being currently taking medicine for any of the following disease: Bronchial asthma, Interstitial pneumonia, Hypertension, Diabetes Mellitus, a Heart, Kidney, Liver, Brain, Nerve, or Hematological disease, Epilepsy, Other? Please specify ()	YES/NO
7. Has the doctor who is treating the above disease approved of you receiving the vaccine today?	YES/NO
8. Have you ever had convulsion or epilepsy disorder?	YES/NO
9. Do you have some immunodeficiency disease or taking immuno-depressant medicine?	YES/NO
10. Have you ever felt ill after vaccination ? If yes, please specify ()	YES/NO
11. Have someone in your family ever felt ill after vaccination?	YES/NO
12. Have you ever had an allergic reaction against a particular food (e.g. egg), some medicines (e.g. antibiotics), or some substances (e.g. latex, aluminum, formalin)? If yes, please specify ()	YES/NO
13. Are you pregnant now?	YES/NO
14. During the past 6 months, did your child get transfusion either of blood or of Gamma Globulin?	YES/NO
15. Do you have any questions regarding today's immunization?	YES/NO

Based on the results of the questionnaire, today's vaccine should be (given / postponed)
Doctor's signature
I understand the benefits of the today's vaccine as well as the possible side effects. I will get the today's vaccine. Signature (of Guardian)

Vaccine given	Dosage	Vaccination site and Doctor
Name of the Vaccine:	Hypodermic inoculation	東京都府中市若松 3-35-7 えはら医院 江原 寛
Lot No.:	ml	Date year month day

(Note)Gamma Globulin is a blood product that is used for prevention against some contagious diseases such as type A hepatitis or a treatment for some serious diseases. Those who have received Gamma Globulin within the last six months can get immunized less than designated effectiveness for some vaccination such as measles.