

Influenza Vaccination Questionnaire

Please fill all the inside of a frame

Name		Female Male	Body temperature	°C
Address		Date of birth : (Year / Month / Day)		/ / (Age:)
Student	ID No.	Laboratory (ext.)	Staff / Employed Researcher	Affiliation (ext.)
E-mail		phone		0 - -
Guardian's assent (if under 20)		I, () , agreed that the above-mentioned person receives this influenza vaccine. Signature:		

Questions			Doctor's use
Did you read the backside of this sheet "Key Facts about Influenza (Flu) & Flu Vaccine", and understand the efficacy and risks of the vaccine?	YES	NO	
Are you currently under treatment for any disease? If yes, indicate all diseases and medications: () If yes, Does your doctor(s) agree with your flu vaccination?	NO NO	YES YES	
Have you ever been diagnosed as immunodeficiency?	NO	YES	
Are you sick today? If yes, how? ()	NO	YES	
Have you ever been treated for severe chronic diseases such as heart, liver or hematologic disorders? (Name of a disease:) If yes, does your doctor agree with your flu vaccination?	NO YES	YES NO	
Any acute illness within one month? (indicate if any:)	NO	YES	
Did anyone around you get influenza, measles, rubella, chicken pox, mumps or other infectious diseases with in a month? (indicate if any:)	NO	YES	
Did you receive any vaccine with in a month? (indicate if any:)	NO	YES	
Have you ever received a flu shot? Did you become ill because of the vaccine?	YES NO	NO YES	
Are you allergic to egg or chicken meat?	NO	YES	
Do you have allergy to any food or drugs? Details of medicine and food () Condition at that time ()	NO	YES	
Any history of seizure? () Age Time If yes, did it come with fever?	NO NO	YES YES	
Do you have any close relatives who felt ill with vaccination?	NO	YES	
Is there any question about today's vaccination?	NO	YES	
(Females only) Are you pregnant? If yes, does your doctor agree that you get flu shot?	NO YES	YES / not sure NO	

Vaccine recipient:
Answering the questions above correctly and understanding the merits and risks about this vaccine including rare but severe adverse reactions,
I spontaneously chose to receive the influenza vaccine.
Influenza HA vaccine (trivalent vaccine) [manufactured in Japan]
Date (Year / Month / Day): 2012 / ____ / ____ Signature:

For doctor's use

医師の記入欄
以上の問診等の診察の結果、今日の予防接種は (可能 ・ 見合わせる)。
医師の署名又は記名押印

ワクチンメーカー名. ロット番号	接種量	実施機関. 医師名. 接種年月日
メーカー名	0.5 mL(皮下)	実施機関 東京大学 保健・健康推進本部 接種年月日 平成24年 月 日 医師名
Lot No.		

from the Centers for Disease Control and Prevention (USA)

<http://www.cdc.gov/flu/keyfacts.htm>

* Some information may not apply in Japanese healthcare system. This information is provided only for non-Japanese speaker's convenience. Todai Hoken Center follows Japanese healthcare regulations and best medical knowledge available.

Key Facts about Influenza (Flu) & Flu Vaccine

What is influenza (also called flu)?

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by a flu **vaccine** each year.

Preventing seasonal flu: Get vaccinated

The single best way to prevent the flu is to get a flu vaccine each season. There are two types of flu vaccines:

- “Flu shots” — inactivated vaccines (containing killed virus) that are given with a needle. There are three flu shots being produced for the United States market now. [Different from what Todai Hoken center provides.]

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

The seasonal flu vaccine protects against the three influenza viruses that research suggests will be most common.

When to get vaccinated against seasonal flu

Yearly flu vaccination should begin in September, or as soon as vaccine is available, and continue throughout the flu season which can last as late as May. This is because the timing and duration of flu seasons vary. While flu season can begin early as October, most of the time seasonal flu activity peaks in January, February or later.

Who should get vaccinated?

Everyone 6 months and older should get a flu vaccine each year. This recommendation has been in place since [February 24, 2010 when CDC's Advisory Committee on Immunization Practices \(ACIP\)](#) voted for “universal” flu vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each flu season, it’s especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

Who should not be vaccinated against seasonal flu?

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- Children younger than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.
- People with a history of [Guillain-Barré Syndrome](#) (a severe paralytic illness, also called GBS) that occurred after receiving influenza vaccine and who are not at risk for severe illness from influenza should generally not receive vaccine. Tell your doctor if you ever had Guillain-Barré Syndrome. Your doctor will help you decide whether the vaccine is recommended for you.

If you have questions about whether you should get a flu vaccine, consult your health care provider.

The University of Tokyo Division for Health Service Promotion

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