

Vaccine Screening Questionnaire for (Polio)

※医療機関の方へ

本英語予診票は見本です。
実際の記載は日本語予診票へ

Times 1st 2nd 3rd 4th 記入例

Address	Kumamoto City										Telephone	-											
フリガナ																							
Child's Name											Birth Date	H	<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="checkbox"/>	<input type="checkbox"/>	Month	<input type="checkbox"/>	<input type="checkbox"/>	Day	<input type="checkbox"/>	<input type="checkbox"/>
Parent/ Guardian's Name											Age (years		months)	Sex	Male • Female							
Normal Temp.	°C										Body temperature before interview					°C							

Questionnaire	Answer	Doctor's comment
Have you read the notice of vaccination from Kumamoto City?	No Yes	
Has the child been vaccinated with the oral polio vaccine?	Yes(times) No	
Has the child been vaccinated with the inactivated polio vaccine?	Yes(times) No	
Please answer the following questions about the child.		
Birth Weight Did the child's Birth Weight have any abnormal findings at delivery? () g Did the child have any abnormal findings after birth'	Yes No Yes No Yes No	
Was any abnormality identified at an infant health check'	Yes No	
Is the child sick today? If so, describe the nature of the illness. ()	Yes No	
Has the child been ill in the past month? Disease name ()	Yes No	
Has any family member or friend of the child had measles, rubella, chickenpox or mumps in the past month? Disease name ()	Yes No	
Has the child been exposed to anyone with tuberculosis (including family members)?	Yes No	
Has the child been vaccinated in the past month?Vaccine name ()	Yes No	
Does the child have a congenital anomaly, heart, kidney, liver, central nerve disease,immune deficiency, or any other diseases for which you have consulted a doctor?.....	Yes No	
Where relevant, did the doctor who manages the above disease agree with today'svaccination?	No Yes	
Has the child had a seizure (spasm or fit) in the past?If so, at what age did it occur? ()	Yes No	
If you answered "yes" to the preceding question, did the child have a fever at thattime?	Yes No	
Has the child ever had a rash or urticaria (hives or 'nettle rash') as a reaction to medications or food or become ill after eating certain foods or receiving certain medications?	Yes No	
Does the child have a family member or relative with a congenital immunodeficiency?	Yes No	
Has the child had a serious reaction to a vaccine in the past? Vaccine name ()	Yes No	
Has any family member or relative of the child had a serious reaction to a vaccine in the past?	Yes No	
Has the child received a transfusion of blood or blood products or been given a medicine called gamma globulin in the past 6 months?	Yes No	
Do you have any questions about today's vaccination?	Yes No	

The child has been interviewed by the doctor, and information concerning the benefits, objectives, and risks (including serious side effects) of vaccination has been explained to me by the doctor, as has the nature of support provided if adverse events occur. I believe that I understand this information.
I (do / do not) * give consent for the child to be vaccinated. * Please circle your choice.
This paper has aimed at securing the safety of the vaccination. Signature of guardian
I agree for this paper to be submitted to Kumamoto City after this is understood.

Doctors Notes After physical examination, the child is (Yes • No) recommended for immunization:
I have explained to the parent/guardian the information concerning the benefits and side effects of vaccination and the support provided to people who have had adverse events associated with
Signature of Doctor

Name of vaccine used			Place of immunization ; Name of doctor
The name of vaccine	Subcutaneous injection	Date of immunization H	<input type="checkbox"/> <input type="checkbox"/> Y <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> ID
Lot.No		Code of Hospital	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expiration date H Y M D		Name of Hospital	本英語予診票は見本です。
Only Examination(Reason)		Name of Doctor	実際の記載は日本語予診票へ

Gamma globulin is a blood product that is injected to prevent infections, such as type A hepatitis, and to treat severe infections. Certain vaccines(for example, measles vaccine) are occasionally less effective in people who have received this product in