

# Flu Vaccination Questionnaire

\* Please fill in the fields only enclosed by the bold line.

Body Temperature \_\_\_\_\_ °C

Residential Address		TEL ( ) —	
Name		Male	YYYY/MM/DD
Entity		Date of Birth / /	
ID (BAC number)		Female	( ) yrs old
MLJS / BANA			
Questions		Response	
Doctor's note			
1. Did you read and understand the explanation of the immunization being given today?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is this your first Flu vaccination this season?		<input type="checkbox"/> Yes	<input type="checkbox"/> No : ( ) times
[In case, a child is taking an Flu vaccination this time]		Yes: Please explain in details	
3. Did a child have any unusual disorders or reactions when he/ she was delivered or at infant health checkup?		( )	<input type="checkbox"/> No
4. Are you suffering from any unusual disorder today?		Yes : Please explain symptoms ( )	<input type="checkbox"/> No
5. Are you currently receiving any medical treatments?		Yes : Name of the disease ( )	<input type="checkbox"/> No
6. Have you been sick within the past month?		Name of disease or symptoms ( )	<input type="checkbox"/> No
7. Within the past month, have you been in contact with someone or family members who had measles, rubella, chicken pox, or mumps?		Yes : Name of the disease ( )	<input type="checkbox"/> No
8. Have you taken any vaccinations within the past month?		Yes : Name of the vaccine ( )	<input type="checkbox"/> No
9. Have you ever taken Flu vaccination?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
① If yes, when did you take last Flu vaccination? ( / ) (yyyy/mm)			
② If yes, have you ever felt ill after receiving in Flu vaccination?		<input type="checkbox"/> Yes (symptoms: )	<input type="checkbox"/> No
③ Have you ever felt ill after receiving any other vaccinations?		<input type="checkbox"/> Yes: Name of the vaccination and your symptoms ( )	<input type="checkbox"/> No
10. Have you ever suffered from particular disease such as heart, kidney, liver, blood, cerebral nerve, immunity disorder, malignant tumor, or other disease? If yes, does your doctor allow you to take the vaccination this time?		<input type="checkbox"/> Yes : Name of the disease ( )	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever had convulsions? How many times? ( )		Yes : When was your last experience? ( )	<input type="checkbox"/> No
Did you have fever when you had convulsions?		If yes, ( °C )	<input type="checkbox"/> No
12. Have you ever diagnosed as disease of respiratory system such as interstitial lung disease and bronchial asthma?		Yes : when were you told by a doctor? ( )	<input type="checkbox"/> No
		treatment ( ongoing / discontinued )	
13. Have you had any allergic reactions including skin rash or hives after receiving medication or eating foods (Especially chicken eggs or chicken based products)?		Yes : Name of the food or the medicine ( )	<input type="checkbox"/> No
14. Has anyone in your family members ever felt ill after taking any vaccinations?		Yes : Name of the vaccine ( )	<input type="checkbox"/> No
15. Has anyone in your family members ever diagnosed as congenital immune deficiency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. [Question only for women] Are you currently pregnant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. If you have any concerns about your health, please write down your comments.			
<b>Doctor's column</b>			
After medical examination by interview and diagnosis, I've judged today's vaccination is ( Possible / Postpone ). I gave medical explanation to individual and acknowledge about the efficacy and side-effects of the vaccine.			
Doctor's signature ( )			
After hearing the medical explanation by the doctor and acknowledge about the efficacy and side-effects of the vaccine, I agree to take the vaccination today.			
Signature ( )			
Name of the vaccine given ( )		Venue ( )	
Injected vaccine's volume ( mL)		Name of Doctor ( )	
Lot number ( )		Time and date of the vaccination ( Time: /Date: )	

# To whom to get Flu vaccination

## **Efficacy and side-effects of the influenza vaccine:**

Flu vaccination can be expected to prevent for Flu infection or reduce the severity of symptoms. The vaccine also prevents other health complications that can occur as a result of Flu infection, which can occasionally lead to death. It is commonly known that vaccination can result in slight side effects.

Adverse reactions at the injection site include redness, swelling, hardening of the skin, fever, and discomfort. These side effects usually disappear within two or three days. In rare cases, symptoms such as fever, chills, headache, boredom, temporary loss of consciousness, dizziness, swollen lymph nodes, vomiting, and diarrhea can occur. Individuals allergic to eggs must inform the physician due to the risk of severe side effects.

In addition, there are very rare cases where adverse reactions other than those described above appear as follows:

- (1) Anaphylactic shock, resulting from hypersensitivity (hives, severe difficulty in breathing, etc.)
- (2) Acute scattering-related encephalomyelitis (from a few days after an inoculation to 2 weeks, fever, headache, convulsions, motor control difficulty, loss of consciousness, etc.)
- (3) Phrenitis, encephalosis, myelitis
- (4) Guillain Barre Syndrome (numbness in hands and feet, difficulty walking, etc.)
- (5) Convulsion (Including fever convulsion)
- (6) Liver function disorder, Jaundice
- (7) Asthma attack
- (8) Thrombocytopenia purpura, platelet depletion
- (9) Vasculitis (Including allergic purpura, granulomatous vasculitis, and leukocytoclastic vasculitis)
- (10) Interstitial lung disease
- (11) Mucocutaneous ocular syndrome (Stevens-Johnson syndrome)
- (12) Nephrosis syndrome

Please note it is responsible for employees or family members who receive the vaccine to seek professional medical assistance in the event of a health injury by the vaccination, can follow the necessary procedure as stated by law.

## **Warning: Before Vaccination:**

- (1) If you are unclear about the necessity or the side-effect of taking the vaccination, please seek advice from a doctor
- (2) For the night before the vaccination, please take a bath or shower and keep your body clean as possible
- (3) Please observe your health condition a day before the vaccination and see if there is any irregular health issues
- (4) Please wear clean clothes
- (5) Information you provide for a doctor is essential. Please make sure to write accurate information.

## **You cannot get the vaccine if you:**

- (1) Have fever (over 37.5 °C)
- (2) Are showing the initial symptoms of a severe acute disease.
- (3) Have history of anaphylactic shock after receiving the Flu vaccine or taking any medication (the doctor must be informed immediately)
- (4) Advised by personal doctor not to receive the vaccination.

## **Patients that must seek medical advice prior to vaccination:**

- (1) Receiving guidance from a doctor or community health nurse due to one's slow or stunted growth
- (2) Showing the initial symptoms of a common cold
- (3) Having heart trouble, kidney diseases, liver disease or blood disorders
- (4) Symptoms suggesting allergic reaction within two days after influenza vaccination, such as fever, rash or hives
- (5) History of convulsions
- (6) Patients or their close relatives who were diagnosed as immunity disorder in the past
- (7) Have experienced respiratory system disease including interstitial lung disease and bronchial asthma
- (8) History of allergic reaction to medicine or food derived from chicken(chicken and/or eggs)
- (9) May have recently become pregnant
- (10) Have seen friends or family members when measles, bastard measles, epidemic parotiditis, epidemic parotiditis occurred in epidemics, and you have not yet got the disease.

## **Several tips after you've been vaccinated**

- (1) An acute reaction can occasionally occur after influenza vaccination. It is advisable to stay in the clinical or hospital for observation up to 30 minutes after vaccination so that the doctor can be reachable quickly.
- (2) Be aware of the side effects of the vaccination within 24 hours after the vaccination
- (3) Taking a bath on the day of vaccination does not present any problems, but you should take care not to have excessive contact or rubbing of the injection site.
- (4) Keep the site clean, refrain from consuming large amounts of alcohol, and excessive physical exertion.
- (5) Seek medical advice immediately if you have any abnormal symptoms such as high fever or convulsions.