vaccine medical questionnaire (yoshin-hyo)　(※except for BCG)

※医療機関の皆様へ：この予診票はみほんです。医師会への請求等は、日本語版の予診票を使用して下さい。

※この予診票だけでは接種できません。こちらを参照に、正規の予診票(2 枚複写)に転記して使用して下さい。

※This english version yoshin-hyo cannot be use separately. Please transfers them to the Japanese version yoshin-hyo(2sheets).

Cannot be used at medical institutions outside of Yokohama　Yokohama City

Body temperature taken before examination: ____ . ____ ℃

Address	Ward		Telephone No.	
Name of Person to Receive Vaccination		Male / Female	Date of birth (YY/MM/DD)	/ / Age: ___ years months
Name of Parent/Guardian				

Questionnaire	Response Column		Filled in by Physician
Have you read the Guide to Vaccinations for Children and other informational materials distributed by Yokohama City?	Yes	No	
Please tell us about your child's developmental history: Birth weight: _____g Was any abnormality detected at the time of delivery? Was any abnormality detected following delivery? Was any abnormality detected during any of your child's health checks as an infant or young child?	 Yes Yes Yes	 No No No	
Is your child feeling physically unwell in any way today? If so, please describe symptoms in detail: ( )	Yes	No	
Has your child been ill within the last month? Name of illness(es) and date(s) of recovery: ( )	Yes	No	
Has any family member, playmate or other person around your child suffered from measles, rubella, chickenpox, mumps or any other such disease within the last month? Disease name(s): ( )	Yes	No	
Has your child received any vaccination within the last month? Type of vaccination and vaccination date: ( )	Yes	No	
Has your child ever been diagnosed (from birth until now) with a congenital abnormality; a heart, kidney, liver and/or cranial nerve problem; immunodeficiency; or any other such condition? Disease/condition name(s): ( )	Yes	No	
If applicable, did the doctor who examined your child for the above condition(s) approve of today's vaccination?	Yes	No	
Has your child every suffered a seizure (convulsions)? Approximate age: ( )	Yes	No	
If so, did your child have a fever at the time?	Yes	No	
Has your child ever experienced rash, hives and other such ailments in reaction to certain medicines, foods, etc.?	Yes	No	
Has any of your child's close relatives ever been diagnosed with congenital immunodeficiency?	Yes	No	
Has your child ever felt unwell following vaccination? Type of vaccine: ( )	Yes	No	
Has any of the child's close relatives ever felt unwell following vaccination?	Yes	No	
Has your child received a blood transfusion or gamma globulin transfusion within the last six months?	Yes	No	
Do you have any questions about today's vaccination?	Yes	No	

To be filled out by the physician:

In light of the above questionnaire responses and health examination,
I have decided that today's vaccination will be (administered / postponed).
I have explained the effects and side effects of the vaccination, relief measures available in the case of adverse effects on the recipient's health, and other relevant information to the parent/guardian.

Physician signature or name and seal: ※日本語版に署名して下さい

Following a health examination and relevant explanations, I (consent to / do not consent to) my child's vaccination based on an understanding of the effects and purpose of vaccination, the possibility of severe side effects, relief measures in response to adverse health effects from vaccination, etc.
＊Please circle either "consent to" or "do not consent to" in the parentheses above.
The purpose of this questionnaire is to ensure safety during vaccination. Based on an understanding of the above, I consent to the submission of this questionnaire form to Yokohama City.

Parent/guardian signature: ※日本語版に署名して下さい

Name of Vaccine to be Used	Inoculum Dose	Administering Medical Institution, Physician's Name and Vaccination Date
Vaccine name Lot no.	(subcutaneous inoculation) ml	Administering Medical Institution: Administering Physician's Name: Vaccination Date (YY/MM/DD): / / ※日本語版に記入して下さい

Note: Gamma globulin is a blood product that can be injected to prevent infectious diseases such as hepatitis A and treat serious infectious diseases. Measles vaccines and others may not be sufficiently effective when administered to someone who has received a gamma globulin injection within the last 3–6 months.