

Questionnaire for HPV vaccine (Cervarixl) Chiba City

接種回数 No. of vaccination	← 1回目は1、2回目は2、3回目は3を記入してください。対象者小学6年生～高校1年生相当の年齢 ← Mark "1" for the first time "2" for the 2nd time. "3" for the 3rd time. Target people are children from 6th grade of elementary school to 1st grade of high school or equivalent.												
住所 Address	千葉市 区						電話 Tel.	-					
予防接種番号 Vaccination No.							実施日 ※医療機関記載欄 Date to be administered ※to be filled in by medical institution						
フリガナ (Name in Katakana)							性別 sex	西暦 2 0		年 year	月 month	日 date	
氏名 Name							保護者氏名 Name of parent or the guardian						
生年月日 Date of Birth	西暦 年 月 日 Year month date						子の満年齢 Age of the child			歳 years	か月 Months		
(↑ 予防接種番号シールをはってください)							診察前の体温 Body temperature before exam.			度 °C	分 Degree C		
(↑ Place the vaccination number sticker here)													

保護者の方は太線枠内を記入してください。

※この用紙は機械で読み取りますので黒ボールペンで丁寧に書いてください。

Parent/guardian, please fill those cells surrounded by thick line.

As this sheet is read by a machine, please write carefully with a black ball point pen.

質問事項 Questionnaire for Vaccination	回答欄 Answers		医師記入欄 Doctor's comment
今日受ける予防接種について、千葉市から配られている説明書を読みましたか。 Have you read the document distributed by Chiba City explaining about today's vaccination?	いいえ No	はい Yes	
あなたのお子さんの発育歴についてお尋ねします。 Please answer following questions about the growth history of the child.	あった Yes	なかった No	
出生体重 () g 分娩時に異常がありましたか Birth weight () g Did the child have any abnormalities at delivery or after birth?	Yes	No	
乳幼児健診で異常があるとされたことがありますか。 Were any abnormalities found in infant health checks?	ある Yes	ない No	
今日体に具合の悪いところがありますか。 Does the child have any poor conditions today?	はい Yes	いいえ No	
具体的な症状を書いてください。() If so, describe symptoms. ()	Yes	No	
最近1か月以内に病気にかかりましたか。病名 (月 日 :) Did the child become ill in the past month? (Disease name : Date :)	はい Yes	いいえ No	
1か月以内に、家族や遊び仲間にはしか、風しん、みずぼうそう、おたふくかぜなどの病気の方がいましたか。病名 (月 日 :) Have any family members or friends of the child had measles, rubella, chicken pox or mumps in the past month? Describe name of disease and date (Date :)	はい Yes	いいえ No	
1か月以内に予防接種を受けましたか。(日付：種類) Did the child have any vaccinations in the past month? Vaccine name and date?.	はい Yes	いいえ No	
生まれてから今までに先天性異常、心臓、腎臓、肝臓、脳神経、免疫不全症、その他の病気にかかり、医師の診察(投薬など)を受けていますか。 病名 () Did the child have any congenital abnormalities, heart, kidney, liver, cranial nerve, immune deficiency, or any other diseases since birth, on which you have consulted with any doctors including dosage? Disease names ()	はい Yes	いいえ No	
その病気の主治医には、今日の予防接種を受けてよいと言われましたか。 Did the doctors in charge of the above diseases agree to the child receiving today's vaccination?	いいえ No	はい Yes	
ひきつけ(けいれん)をおこしたことがありますか。(歳 か月頃) Had the child a convulsion or fit in the past? If so, around what age? (years months)	はい Yes	いいえ No	
そのとき熱がでましたか。 Did the child have a temperature at the same time?	はい Yes	いいえ No	
薬や食品で皮膚に発疹やじんましんが出たり、体の具合が悪くなったことがありますか。 Has the child ever had a rash or hives on his skin, or become ill with medications or food?	はい Yes	いいえ No	
これまでに予防接種を受けて具合が悪くなったことがありますか。予防接種名 () Has the child had a serious reaction to a vaccine in the past? Name of Vaccine ()	ある Yes	ない No	
近親者に予防接種を受けて具合が悪くなった人はいますか Have any close relatives of the child had a serious reaction to a vaccine?	はい Yes	いいえ No	
近親者に先天性免疫不全と診断されている方はいますか。 Have any close relatives of the child been diagnosed as congenital immune deficiency?	はい Yes	いいえ No	

6か月以内に輸血またはガンマグロブリンの注射を受けましたか。 Has the child received a transfusion of blood or an Injection of gamma globulin in the past 6 months?	はい Yes	いいえ No	
現在妊娠している可能性(生理が予定より遅れているなど)はありますか。 ※妊婦または妊娠している可能性のある方への接種は望ましくありません。 Is there a possibility that you might be pregnant, for example, delayed menstruation, etc. ? ※ This vaccine is not recommendable to a pregnant, or to those who might be pregnant.	はい Yes	いいえ No	
今日の予防接種について質問がありますか。 ある場合 () Do you have any questions about today's vaccination? If yes, please describe. ()	はい Yes	いいえ No	

メーカー名 Manufacturer				実施医療機関名 Name of Institution	Code		
Lot No.							
有効期限 Expiration date	西暦 A.D.	年 Year	月 Month	日 date			
接種の適否 Propriety of inoculation	接種量 Dosage			接種医師名(接種否の場合は判定医師) Doctor's Name. In case of "no", name of the Doctor who made the judgement			Code
1. 適 YES 2. 否 NO	1	0.5ml	筋肉内注射 Intramuscular injection				

医師の記入欄
保護者に対して、予防接種の効果、副反応および予防接種健康被害救済制度について、説明をしました。
医師署名又は記名押印

Doctor's column
I explained on the effectiveness of the vaccination, side reactions, and the inoculation health hazard relief system.
Signature or seal of the Doctor in charge

保護者(または代理人)の記入欄(保護者(または代理人)が同伴する場合、または、接種を受ける人が既婚者の場合は本人)
(※代理者が記入する場合は、別途「委任状」が必要です)
医師の診察・説明を受け、予防接種の効果・目的、重篤な副反応の可能性、予防接種健康被害救済制度などについて理解したうえで、接種することに(同意します・同意しません)。※かつこの中のどちらかを○で囲んでください。「同意しません」は接種できません。
この予診票は、予防接種の安全性の確保を目的としています。このことを理解のうえ、本予診票が千葉市に提出されることに同意します。
保護者(または代理人、接種を受ける人が既婚者の場合は本人) 自署
This column is to be filled in by parent/guardian or by the representative or recipient person herself if she is married. (In case of a representative, a separate ower of attorney is required.)
Recipient received medical examination and I received the explanation by the doctor. I further received explanation about the effects, purpose, potential serious side effects of the vaccination and inoculation heath relief system. Based on the above, I (Agree or Disagree) to the implementation of the Vaccine. (※ Please circle either of Agree or Disagree in the parenthesis.) In case of disagree, vaccination will not be made. Understanding that this questionnaire is to secure the safety of vaccination, I agree that it will be submitted to Chiba City.
Signature by a parent/guardian or by the representative or by the recipient herself if she is married.

保護者の記入欄兼同意書(接種を受ける人が13歳以上で保護者が同伴しない場合)
HPV予防接種を受けるにあたっての説明を読み、予防接種の効果・目的、重篤な副反応の可能性、予防接種健康被害救済制度などについて理解したうえで、接種することに(同意します・同意しません)。
※かつこの中のどちらかを○で囲んでください。「同意しません」は接種できません。この予診票は、予防接種の安全性の確保を目的としています。このことを理解のうえ、本予診票が千葉市に提出されることに同意します。
保護者自署
住所
緊急の連絡

Parent/Guardian's column and confirmation of agreement (in case recipient is over 13years old and without any person to accompany)
I have read the explanation on HPV vaccination and, understanding the effects, purpose, potential serious side effects of the vaccination and inoculation heath relief system. Based on the above, I (Agree or Disagree) to the implementation of the Vaccine.
(※ Please circle either of Agree or Disagree in the parenthesis.) In case of disagree, vaccination will not be made. Understanding that this questionnaire is to secure the safety of vaccination, I agree that it will be submitted to Chiba City.
Parent/guardian Signature
address
Emergency contact

(注) ガンマグロブリンは、血液製剤の一種で、A型肝炎などの感染症の予防目的や重症の感染症の治療目的などで注射されることがあり、この注射を3～6か月以内に受けた方は、麻疹などの予防接種の効果が出ないことがあります
Remark ; Granma Globulin is a blood product to be injected for prevention of infection diseases like Hepatitis A and for treatment of serious infection diseases. There are cases that vaccination of measles etc., may not e effective for those people who received Gamma Globulin injection in the past 3 to 6 months

HPV防接種 (被接種者控用) [1回目・2回目・3回目]
1 被接種者氏名 () 生年月日 年 月 日
2 住所 千葉市 区
3 医療機関名
4 接種年月日 年 月 日 メーカー名 ロット番号

HPV vaccination (for record of recipient) [1st・2nd・3rd]
1. Name of the inoculated person: () Date of Birth
2. Address :
3. Name of Medical institution
4. Date of inoculation : Manufacturer Lot No.

HPV (human papilloma virus) - an infectious disease

Among many carcinogenic HPV, HPV vaccination prevents infection of carcinogenic HPV type16 and HPV type18, which are often found in cervical cancers.

However, as HPV vaccination cannot prevent all types of carcinogenic HPV, when you reach 20 years old, you are required to start periodical cervical cancer checks.

Explanation of the disease

It is said that infection of HPV (Human Papilloma Virus) is the cause of cervical cancer. In many cases, the carcinogenesis risk of cervical cancer by HPV is transient. However, it will become higher if you are infected by HPV for a long time. Cervical cancer is a cancer that occurs at the entrance of womb called cervix. It is reported that incidence rate of females in 20's and 30's is increasing. Major cause of the infection is sexual intercourse.

【Sub reactions】

(1) Major sub-reactions

Major sub-reactions are pain, itchiness, reddishness, swelling, etc., around injected area, stomach and intestines symptoms, muscular pains, joint pains, etc... Occasionally, slight fever, malaise, eruptions may occur. As there is a possibility that you might lose consciousness due to vein vagal reflex, please take a rest for 30 minutes in the place after inoculation.

(2) Serious Sub-reactions

Rarely, serious sub-reactions like anaphylactic symptoms such as angioedema, rash, difficulty in breathing etc., Guillain-Barre syndrome, Thrombocytopenic purpura, acute disseminated encephalomyelitis may occur.

【People who cannot be inoculated】

- ① Those who have fever apparently.
- ② Those who are by serious acute diseases.
- ③ Those who became anaphylaxis by the contents of liquid of the vaccination to be inoculated
- ④ Pregnant women.
- ⑤ Those who are judged by the doctor that inoculation of the vaccine is inappropriate.

【People who need to consult with the doctor before inoculation】

- ① Those who have diseases like cardiovascular system disease, kidney disease, affection of the liver, Hematological disorder the basic growth disturbances.
- ② Those who experienced allergy like reactions such as high fevers, whole body eruptions. etc.
- ③ Those who might have allergic reactions to the contents of the vaccine.
- ④ Those who had convulsion.
- ⑤ Those who had been diagnosed as immune deficient and these who have a close relative who is immune deficient

General notes after inoculation】

- ① As there are possibilities of serious sub-reactions like anaphylactic symptoms, unconsciousness due to might happen within 30 minutes after vaccination, please wait for a while at the place or to make sure to get in contact with the doctor.
- ② In case of inactivated vaccine, please be careful about sub-reactions for a week.
- ③ Please keep the inoculated area clean. It is OK to take a bath.
- ④ Please avoid vigorous motion on the day of inoculation.

About Health Injury Relief System:

If you have symptoms like heavy swelling of the inoculated area, high fever, convulsion, etc., please get examined by your family doctor and contact Infection Prevention Section. There might be a possibility that your case might be recognized by Health Injury Relief System under The Preventive Vaccination Law.

