

This is an example form. Please use this to fill out the actual form.

Hib Vaccine: Health History Check

There are 12 spaces to fill in.

Ages : 2 months ~ before 5 years old (number of shots changes with age)

Address	① Kamogawa Yokosuka 1450		Date of vaccination: ② 2021 / 6 / 1	Temperature date of Vaccination: ③ 36.7 °C
			Phone number ④ 090 - 2330 - 3761	
Child's Name	⑤ John Smith		Sex ⑥ M • F	Birthdate ⑦ 2021 / 4 / 1 (Age) (0 years 2 months)
			Parent/ Guardian Name ⑧ Emily Smith	
⑨ No. of shots received • when: (yyyy/mm/dd) : ① 1 st time (2021 / 6 / 1) 2 nd time (/ /) 3 rd time (/ /) [Additional shots]				

Pre-Vaccination Health History Check	Answer		Doctor's Comment
	No	Yes	
Have you read the document (sent to you previously by the city hall) explaining today's vaccination? ⑩	<input type="checkbox"/>	<input type="checkbox"/>	
Your child's weight at birth () g Were there any abnormalities or complications at the time of delivery? Have there been any abnormalities since birth? Have there been any abnormalities found at your infant's health check?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your child experiencing any illness or does your child feel unwell today? (Please explain:)	<input type="checkbox"/>	<input type="checkbox"/>	
Has your child been sick within the last month? (Name of illness:)	<input type="checkbox"/>	<input type="checkbox"/>	
Has any family member or friend of the child had measles, rubella, chickenpox, or mumps in the past month? (Name of illness :)	<input type="checkbox"/>	<input type="checkbox"/>	
Has your child been vaccinated within the past month? Vaccine: Date (YYYY/MM/DD): / /	<input type="checkbox"/>	<input type="checkbox"/>	
Does your child have a heart, kidney, liver, blood, central nervous, or immunodeficiency disease; or any other diseases? Name of illness: If yes, have you been told by the doctor that your child may receive today's vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your child had a seizure (spasm or fit) in the past? If so, at around how many months of age: If yes, did your child have a fever at that time?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your child ever had a rash or hives or become ill after eating certain foods or receiving certain medications? What age? () What Food or Medicine: () What happened? ()	<input type="checkbox"/>	<input type="checkbox"/>	
Has a close relative ever been diagnosed with a congenital immunodeficiency?	<input type="checkbox"/>	<input type="checkbox"/>	
To date, has your child ever felt ill after receiving a vaccination? (If yes, vaccine:)	<input type="checkbox"/>	<input type="checkbox"/>	
Has a close relative of your child ever felt ill after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
Within the past 6 months, has your child received a blood transfusion or been injected with gamma globulin?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any questions about today's vaccination? If yes, please write: ()	<input type="checkbox"/>	<input type="checkbox"/>	

Read the questions on the left and circle your answer

Based on the above questionnaire and the results of the medical examination, I have decided that the child (can / should not) receive today's vaccination. I have explained to the parent/guardian the information concerning the benefits and side effects of vaccination (particularly intussusception) and the Relief System for Injury to Health with Vaccination.
Signature or name and seal of doctor:

My child has been examined by and I have been provided with information by the doctor. I understand the benefits, objectives, possibility of serious side effects (particularly intussusception), and information concerning the Relief System for Injury to Health with Vaccination, and accordingly

I do do not* give consent for my child to be vaccinated. Please circle your choice. ⑪

I understand that the purpose of the questionnaire is to ensure the safety of vaccinations and I agree that this questionnaire can be submitted to the municipal office.

Signature of parent/guardian: ⑫ Emily Smith