

Routine Rubella (5th Phase) Vaccinations Guide

Aid for the Routine Rubella (5th Phase) Vaccinations Expenses

1) Eligibility Men born between April 2nd 1962 – April 1st 1979 with a low rubella antibody count.

*Those that are eligible will be sent a coupon from the local government. Those who have been sent a coupon have been recognized as not possessing enough rubella antibodies and are eligible for a vaccination.

*If you wish to be sent a coupon, please contact the Health Promotion Division at your local government office where your address is registered.

2) Expenses **Free**

3) Vaccinations **Once (1 time)**

4) What to bring

- ① Coupon
- ② Rubella Antibodies Test Results
- ③ Identification (Health Insurance Card etc.)

1 Measles & Rubella Vaccine (MR)

1) **Effect of the vaccine**

The MR Vaccine can give immunity to measles and Rubella to about 95% of people in one vaccination.

2) **Side effects**

◆ Primary side effects

A few days after the vaccination ... Rashes, Hives, Redness, Itchiness, Slight fever etc.

5 – 14 days after the vaccination ... Fatigue for 1-3 days, Mood swings, Slight Fever; Rashes etc.

Side effects on the injected area ... Redness, Swelling, Inflammation, Pain etc.

◆ Severe side effects (Extremely rare cases)

- 1) Anaphylactoid Reaction
- 2) Thrombocytopenic purpura
- 3) Acute disseminated encephalomyelitis
- 4) Encephalitis/ Encephalopathy
- 5) Convulsions

*Please see your doctor immediately if anything abnormal occurs.

2 Before the vaccination

Please make sure to read the guide and understand the effect and side effect of the vaccination.

Please consult the doctor in charge of your vaccination if there is anything you want to ask or don't understand.

Please don't take the vaccination if you are don't consent.

The medical history sheet is important to your doctor for deciding whether it is possible for you to receive the vaccination.

It is generally the patients responsible to fill in the medical sheet as accurately as possible and inform the doctor.

1) **Persons that can't receive the vaccination**

- 1) A person who clearly has a fever (37.5°C or higher)
- 2) A person who clearly has an acute serious illness

3) A person who has gone into anaphylactic shock before because of the components of the vaccine or other medicines.

4) A person that the doctor deems unsuitable to receive the vaccination due to other reasons.

2) Persons that need to consult the doctor before the vaccination

1) A person that has underlying conditions such as heart and vascular; kidney, liver; blood borne diseases as well as growth disorders.

2) A person that has had an allergic reaction such as a fever or full body rashes within two days of vaccination before.

3) A person that has had convulsions in the past

4) A person that has been diagnosed with immunodeficiency in the past and those with close relatives who have hereditary immunodeficiency.

5) A person that may have an allergic reaction to the components of the vaccine.

6) A person that hasn't had infectious diseases such as measles, rubella, chickenpox, mumps etc. but their family and close friends have.

3 After the Vaccination

1) Remain in the hospital for 30 minutes after your vaccination and be able to contact your doctor if anything occurs.

2) For four weeks after your vaccination, pay attention for any changes in your health and for side effects.

3) The vaccination won't hinder you from taking a bath however please don't rub the injected area.

4) Keep the injected area clean and hygienic on the day of your vaccination and live as normal however refrain from strenuous exercise and heavy amounts of alcohol.

5) Please contact the doctor immediately if after the vaccination, abnormal reactions such as a high fever or convulsion occurs.

4 Compensation System for Health Damages Caused by Vaccinations

You can receive compensation for health damages caused by vaccinations when you are recognized as eligible by the ministry of health and welfare.

9-5

Rubella (5th Phase) Vaccination Medical History Sheet

風しんの第5期の定期接種予診票

(クーポン券貼付)

The address printed on your Certificate of Residence.住所				Gender 性別 () M 男 () F 女	
フリガナ					
Your Name					
Birth Date	Year	Month	Day () years old	Temperature 診察前の体温	°C

Questions	Respostas		Dr. Use
Is the city/ town name on your registered place of residence and the city/ town name written on your coupon the same? <small>現時点で住民票のある市区町村とクーポン券に記載されている市区町村は同じですか。</small>	Yes	No	
Did you read the explanation about the vaccination to be administered today? <small>今日受ける予防接種について説明書を読みましたか</small>	Yes	No	
Have you understood the effect and side effects of today's vaccinations? <small>今日の予防接種の効果や副反応などについて理解しましたか</small>	Yes	No	
Presently, do you have any illnesses and/or Conditions? 現在、何か病気がかかっていますか Disease name 病名 ()	Yes	No	
Are you currently taking any Medical treatment (Medication etc)? 治療(投薬など)を受けていますか	Yes	No	
Did the doctor in charge for the treatment approved the immunization today? <small>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</small>	Yes	No	
Have you ever been diagnosed with Immuno deficiency? 免疫不全と診断されたことがありますか	Yes	No	
Do you have any concerns about the your health today? 今日体に具合の悪いところがありますか If yes, describe the symptoms 具合の悪い症状を書いて下さい()	Yes	No	
Have you ever had skin rash or felt ill after taking any medicine or food? 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 If yes, what kind of medicine or food 薬・食品名 ()	Yes	No	
Have you ever felt ill after receiving an immunization? これまでに予防接種を受けて具合が悪くなったことはありますか If yes, describe the symptoms 症状 ()	Yes	No	
Have you ever had convulsions? ひきつけ(けいれん)を起したことがありますか	Yes	No	
Have you received any vaccination within this past month? (If yes, describe the date and the last vaccine name) <small>最近1ヵ月以内に予防接種を受けましたか(ある場合には最後に接種した年月日と予防接種を書いてください)</small> Date 接種年月日 20 year年 month月 day日 Vaccine name 予防接種の種類 ()	Yes	No	
Have you ever contracted any chronic illness such as Heart disease, Kidney Disease, Liver Disease and Blood Ailments etc? 心臓病、腎臓病、肝臓病、血液疾患などの慢性疾患にかかったことがありますか Disease name 病名 ()	Yes	No	
Did the doctor in charge for the treatment approved the immunization today? <small>その病気を診てもらっている医師に今日の予防接種を受けてよいと言われましたか</small>	Yes	No	
Have you broken out in a fever recently within the last month or contracted any illnesses? 最近1ヵ月以内に熱が出たり、病気にかかったりしましたか Disease name 病名 ()	Yes	No	
Do you have any questions regarding today's vaccination? 今日の予防接種について質問がありますか	Yes	No	
医師の記入欄 Doctor's Use Only	被接種者が、風しん第5期の定期接種の対象者であることを、抗体検査の結果により確認した。I have confirmed that the patient is eligible for the rubella vaccination (5th phase) through the results of their rubella test sheet. 以上の問診及び診察の結果、今日の予防接種は According to the result, today's vaccination is 接種を受ける本人に対して、予防接種の効果、副反応及び予防接種健康被害救済制度について、説明した。	した Yes 3 可能 Possible していない No 2 見合わせる Postponed	医師の署名または記名押印 Doctor's signature or personal seal (注)ワクチンの種類・有効期限を要確認

Vaccines in use 使用ワクチン	Vaccination volume 接種量	実施場所・医師名・接種年月日 Session location/ Doctor's name/ Vaccination date
ワクチン名	皮下接種	Session location 実施場所 Doctor's name 医師名 Vaccination date 接種年月日(非接種判定日) 20 Year Month Day
Lot No.	0.5 mL	医療機関等コード
(注)有効期限が切れていないか要確認		

Request for Routine Rubella (5th Phase) Vaccination 風しんの第5期の定期接種希望書
(Please fill in this area after receiving the results from the doctor's examination and a vaccination is allowed.)

Upon taking an examination by your doctor and fully understanding the effects and goal of the vaccination along with the possible side effect, do you wish to receive a vaccination?
(Yes/ No)

This medical history sheet is to insure the safety of the vaccination procedure.
This medical history sheet will be submitted to the Municipal Government, the All-Japan Federation of National Health Insurance Organization as well as the National Health Insurance Associations Union.
Please sign below if you understand and consent.

Date: 20 Year Month Day Vaccinee Signature 被接種者自署: _____
(Representative How are you related?)

*If the person in question can't sign, then a representative can sign on their behalf. The representative's name and relation to the patient is required.