

April 1st 2019

Regarding the multivalent Pneumococcus Vaccine (Pneumovax NP) Vaccinations

1 Please make sure to review.

- (1) This vaccine is not an annual vaccination like the one for Influenza.
- (2) Those who have already received the 23-valent Pneumococcus Vaccine through public subsidies are excluded from public funding.
You are eligible for public funding if you bore the full cost of the vaccination last time and 5 years has past. (However, those who have had a total of 3 or more vaccinations are excluded.)
- (3) Please make sure to review vaccinations histories before application.
- (4) To receive a vaccination, a vaccination ticket is required.
- (5) The person receiving the vaccination will have to pay 4500 yen.
 - a) People in households who receive public welfare and Japanese nationals living abroad in China will be sent free vaccination tickets.
 - b) People in tax exempted households (i.e. all members of the household are exempted from tax) who wish to apply for exemption of personal expenses, we will send a free vaccination ticket if you apply before the vaccination so please contact your ward office's Health Promotion Division. The details are on the back.)
- (6) Please review the target ages on the reverse page.

2 Before taking vaccinations

Please read the explanations and review the benefits and side effects of vaccinations. If you are worried about or don't understand something, please consult the doctor giving the vaccination. If you aren't satisfied enough to consent, please don't take the vaccination.

Medical history files are very important to the doctor as it is important information that helps them decide the possibility of a vaccination. Fundamentally, the person receiving the vaccination takes responsibility and provides correct information to the vaccination doctor.

- (1) Persons unable to receive vaccinations
 - a) Person/s who clearly have a fever
 - b) Person/s who have a serious acute illness
 - c) Person/s who have had an anaphylactic shock from the components of vaccines
 - d) In addition, person/s who the doctor had decided to be in a condition unfit to receive vaccination.
- (2) People requiring special attention when receiving vaccinations
 - a) Person/s with underlying conditions such as heart or blood vessel related ailments, kidney ailments, liver ailments, blood ailments as well as growth impediments etc.
 - b) Person/s who show allergic symptoms such as fevers or general rashes all over their body within 2 days of a vaccination.
 - c) Person/s who have a history of fits, cramps, spasms or convulsions.
 - d) Person/s who have been diagnosed with Immunodeficiency in the past as well as those who have close relatives with inherent immunodeficiency.
 - e) Person/s who seem to have allergic reactions to the components of vaccines.
 - f) Person/s who are pregnant or are expecting.
 - g) Person/s who have received the multivalent Pneumococcus Vaccine before.
 - ※ Person/s who receive the Pneumococcus Vaccine again within 5 years of the last time will notice symptoms over the injected area has hardened, hurts and become red.

3 Relation to other vaccines

Person/s who received live vaccines, please leave an interval of more than 27 days, or in the case of other inactive vaccines more than 6 days before a vaccination. However, in the case that the doctor deems it necessary, you can receive them at the same time.

4 Cautions after vaccination

- (1) Please avoid strenuous exercise on the day of the vaccination.
- (2) Entering the Bath on the day of the vaccination is allowed. However, please don't rub the injected area.
- (3) After the vaccination, coming down with a fever, swelling of the injected area, and redness are common, they are generally normal minor symptoms which disappear in a few days.
- (4) Be cautious of your health after vaccinations, supposing, in the case of a high fever or a change in condition, or side effects on other areas, please get the medical treatment of a doctor immediately.

(Targeted Age Groups)

Depending birth date, the age group that fund aid can be received will change. Please confirm your group.

(2019 group: October 1st 2019 until March 31st 2020)

Age	Birth Date	Age	Birth Date
65	April 2 nd 1954 ~ April 1 st 1950	70	April 2 nd 1949 ~ April 1 st 1950
75	April 2 nd 1944 ~ April 1 st 1940	80	April 2 nd 1939 ~ April 1 st 1940
85	April 2 nd 1934 ~ April 1 st 1930	90	April 2 nd 1929 ~ April 1 st 1930
95	April 2 nd 1924 ~ April 1 st 1920	100	April 2 nd 1919 ~ April 1 st 1920
Over 101 years old	Before April 1, 1919		

(2020 group: April 1st 2020 until March 31st 2021)

Age	Birth Date	Age	Birth Date
65	April 2 nd 1955 ~ April 1 st 1956	70	April 2 nd 1950 ~ April 1 st 1951
75	April 2 nd 1945 ~ April 1 st 1946	80	April 2 nd 1940 ~ April 1 st 1941
85	April 2 nd 1935 ~ April 1 st 1936	90	April 2 nd 1930 ~ April 1 st 1931
95	April 2 nd 1925 ~ April 1 st 1926	100	April 2 nd 1920 ~ April 1 st 1921

(2021 group: April 1st 2021 until March 31st 2022)

Age	Birth Date	Age	Birth Date
65	April 2 nd 1956 ~ April 1 st 1957	70	April 2 nd 1951 ~ April 1 st 1952
75	April 2 nd 1946 ~ April 1 st 1947	80	April 2 nd 1941 ~ April 1 st 1942
85	April 2 nd 1936 ~ April 1 st 1937	90	April 2 nd 1931 ~ April 1 st 1932
95	April 2 nd 1926 ~ April 1 st 1927	100	April 2 nd 1921 ~ April 1 st 1922

(2022 group: April 1st 2022 until March 31st 2023)

Age	Birth Date	Age	Birth Date
65	April 2 nd 1957 ~ April 1 st 1958	70	April 2 nd 1952 ~ April 1 st 1953
75	April 2 nd 1947 ~ April 1 st 1948	80	April 2 nd 1942 ~ April 1 st 1943
85	April 2 nd 1937 ~ April 1 st 1938	90	April 2 nd 1932 ~ April 1 st 1933
95	April 2 nd 1927 ~ April 1 st 1928	100	April 2 nd 1922 ~ April 1 st 1923

(2023 group: April 1st 2023 until March 31st 2024)

Age	Birth Date	Age	Birth Date
65	April 2 nd 1958 ~ April 1 st 1959	70	April 2 nd 1953 ~ April 1 st 1954
75	April 2 nd 1948 ~ April 1 st 1949	80	April 2 nd 1943 ~ April 1 st 1944
85	April 2 nd 1938 ~ April 1 st 1939	90	April 2 nd 1933 ~ April 1 st 1934
95	April 2 nd 1928 ~ April 1 st 1929	100	April 2 nd 1923 ~ April 1 st 1924

高齢者用肺炎球菌(ニューモバックスNP)予防接種予診票

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Vaccine Screening Questionnaire for Elderly Pneumococcus (Pneumovax NP)

Please fill in the blanks and circle the appropriate answer.
(Especially the blanks in bold frames)

医療機関確認欄							
1 対象 年齢内	対象年齢外				区分	無料	
	2 心	3 腎	4 呼	5 免		6 生保	7 非課税
接種券番号							

Temperature 診察前の体温			℃
Address 住所	Hamamatsu-shi		Telephone 電話
フリガナ Your Name 受ける人の氏名		Gender 性別 ()M 男 ()F 女	Birth Date 生年月日 明治 大正 昭和 Year Month Day Age 年齢 years old

Questions	Respostas	Dr. Use
Did you read the explanation about the vaccination to be administered today? 今日受ける予防接種について説明書を読みましたか	No Yes	
Have you understood the effect and side effects of today's vaccinations? 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	No Yes	
[Important] Please make sure to confirm below. 【重要】必ず確認してください Have you ever had the Pneumococcus Vaccine for the elderly (Pneumovax NP) before? 高齢者用肺炎球菌ワクチン(ニューモバックス)の接種を受けたことがありますか	Yes No	
If yes, describe the date 接種したことがある場合は接種年月日 (20 year年 month月 day日)		
Has 5 years pasted since you last had the vaccine? 前回接種してから5年経過していますか	Over 5 years Less then 5 years	公費対象外です
Did you feel ill after receiving the vaccination then? その際に具合が悪くなりましたか	Yes No	
Has your condition ever worsened when taking vaccines other than Pneumococcus Vaccines, Medicines and Foods? 肺炎球菌ワクチン以外の予防接種の際や、薬・食品によって具合が悪くなったことはありますか	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? 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	No Yes	
Have you ever been diagnosed with Immunodeficiency? 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 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) 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) 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? 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	No Yes	
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	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:	3 可能 Possible	2 見合わせる Postponed	医師のサイン Physician's Signature (注)ワクチンの種類・有効期限を要確認
	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、説明しました。			

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

Pneumococcus Vaccinations Form for the Elderly 高齢者肺炎球菌予防接種希望書

(Please fill in the form after you have received the results of your examination from the Doctor on whether you get the vaccination.)

Will you receive the vaccination, taking a medical examination and listening to the Doctor's explanations, fulling understanding the effects and goal of the treatment and the possible side effects?
(Yes/ No)

This questionnaire has the purpose to ensure the immunization's safety.

I'm aware of that and agree with the submission of this questionnaire to the Hamamatsu city.

Date: 20 Year Month Day Vaccinee Signature 被接種者自署: _____

(Representative How are you related?)

(※If the Vaccinee cannot sign, the Representative will sign in the Vaccinee's name, then sign under representative as well as state their relation to the Vaccinee.)