

How to Fill in the Prevaccination Screening Questionnaire

- Please enter your name (Furigana as well), address listed on your resident card, date of birth, age, and gender.
*Leave the space for the temperature blank since your temperature will be measured at the vaccination site.
- Read the questions and place a checkmark in the boxes.

新型コロナウイルスワクチン接種の予診票	
1 太枠内にご記入またはチェックを入れてください。	
住居票に記載されている住所 東京都 葛飾区 青戸 4-15-14	氏名 フリガナ カツシカ タロウ 葛飾 太郎
生年月日 (西暦) 1956年4月1日 生 (満 65歳) <input checked="" type="checkbox"/> 男 <input type="checkbox"/> 女	電話番号 (03) 1234-5678
2 新型コロナウイルスの接種を初めて受けますか。 (接種を受けたことがある場合 1回目: 月 日、2回目: 月 日) <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
現時点で住民票のある市町村と、クーポン券に記載されている市町村は同じですか。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
[新型コロナウイルスの説明書]を読んで、効果や副反応などについて理解しましたか。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
接種順位の上位となる対象グループに該当しますか。 <input type="checkbox"/> 医療従事者等 <input type="checkbox"/> 65歳以上 <input type="checkbox"/> 60-64歳 <input type="checkbox"/> 高齢者施設等の従事者 <input type="checkbox"/> はい <input type="checkbox"/> いいえ <input type="checkbox"/> 基礎疾患を有する(病名:)	
現在、何らかの病気にかかって、治療(投薬など)を受けていますか。 病 名: <input type="checkbox"/> 心臓病 <input type="checkbox"/> 腎臓病 <input type="checkbox"/> 肝臓病 <input type="checkbox"/> 血液疾患 <input type="checkbox"/> 血が止まりにくい病気 <input type="checkbox"/> 免疫不全 <input type="checkbox"/> その他() <input type="checkbox"/> はい <input type="checkbox"/> いいえ 治療内容: <input type="checkbox"/> 血をサラサラにする薬() <input type="checkbox"/> その他() <input type="checkbox"/> はい <input type="checkbox"/> いいえ 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。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
最近1ヶ月以内に熱が出たり、病気にかかったりしましたか。 病名() <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
今日、体に具合が悪いところがありますか。 症状() <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
いけいれん(ひきつけ)を起こしたことがありますか。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
薬や食品などで、重いアレルギー症状(アナフィラキシーなど)を起こしたことがありますか。 薬・食品など原因になったもの() <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
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。 種類() 症状() <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
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。または、授乳中ですか。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
2週間以内に予防接種を受けましたか。 種類() 受けた日() <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
今日の予防接種について質問がありますか。 <input type="checkbox"/> はい <input type="checkbox"/> いいえ	
医師記入欄 以上の問診及び診察の結果、今日の接種は()可 能 () 具合合わせ 本人に対して、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。 <input type="checkbox"/> 被接種者は6歳未満である(該当する場合は)	
新型コロナウイルス接種希望書 医師の診察・説明を受け、接種の効果や副反応などについてこの予診票は、接種の安全性の確保を目的として作成されたものであることを理解の上、本予診票が市町村、国民健康保険中央会及び国民健康保険協会の承認を受けたことと同意します。 年 月 日 接種希望書は 医師署名 (※接種希望者が16歳未満の場合は保護者署名、成年被接種者の場合は本人署名)	
ワクチン名・ロット番号 シール貼付位置	接種量 ml
実施場所 医師名	医師署名又は記名押印 医療機関等コード 接種年月日 (※記入例) 4月1日~4月10日 2022年 月 日

To be attached at the vaccination site.

Please refer to pages 2 and 3 of this notice.

Please confirm with your doctor.

Blood-thinning medicine product names (generic names)

- Warfarin (Warfarin potassium)
- Praxa (Dabigatran etexilate)
- Xarelto (Rivaroxaban)
- Eliquis (Apixaban)
- Lixiana (Edoxaban Tosilate Hydrate)

*You are eligible to receive a vaccine but please pay close attention to any post-vaccination bleeding.

This section is to be completed on the day of the vaccination.

The Prevaccination Screening Questionnaires for the first and second vaccinations are enclosed.

Information on COVID-19 Vaccination

Please note that start dates of accepting appointments at medical institutions differ depending on the age group in order to prevent phone lines from being swamped.



Start Date to Accept Appointments at Medical Institutions

40 years old to 64 years old -> July 12 (Mon)
Born on April 2, 1957 to April 1, 1982

16 years old to 39 years old -> July 26 (Mon)
Born on April 2, 1982 to April 1, 2006



Start date to accept appointments for vaccination at mass-vaccination sites will be released on the Katsushika City newsletter KoHo Katsushika and the Katsushika City official website.

Vaccination appointments at state-run mass-vaccination sites can be made as soon as you receive your vaccination coupon. Vaccination is provided based on the decision of each individual. Vaccination is an individual choice.

Appointment Method

For the vaccination, an appointment must be made in advance. Please make an appointment using one of the following methods. Please refer to the enclosed Vaccination Site List. Appointment methods differ depending on the vaccination site. (*City hall, public health centers (hokenjo) and other city facilities do not accept appointments for medical institutions.) For those receiving a vaccination in a medical institution, please receive the second vaccination at the same medical institution.

Calling a Medical Institution

Please refer to the enclosed Vaccination Site List.

Call Center ☎ 03-6625-7453

Katsushika City COVID-19 Vaccination Call Center
9 a.m. to 6 p.m. daily (including weekends and statutory holidays)
Please have your **Coupon Number**, etc. ready (Refer to the coupon sample below).

*Appointment for persons with hearing impairment:

Online

E.g., April 1, 1956 -> [19560401]

Please use the special appointment webpage in the City website.
Login ID is a Coupon Number (Refer to the coupon sample below). The initial password is your date of birth (western calendar year/8 digits) After logging in for the first time, please set a new password (10 digits including alphabetical and numerical characters).



▲Special appointment webpage

< Coupon Sample >

Coupon Number can be found on the upper right of the coupon.

券番号(予約サイトID) 0000000000

〒125-0062 葛飾区青戸4丁目15番14号 葛飾 太郎様	医師署名(新型コロナウイルス接種制創設) 〒125-0062 葛飾区青戸4丁目15番14号 健康プラサカツシカ 【葛飾区新型コロナウイルスコールセンター】 03-6625-7453 予約した接種日を記入しておきましょう 1回目 月 日 日 2回目 月 日 日
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新型コロナウイルスワクチン予防接種クーポン券

予防接種を受ける際は、クーポン券、予診票と運転免許証や保険

Items to Bring to Receive a Vaccination

- ① **Coupon** Please bring the coupon **without peeling off** the stickers for inoculation certificates or vaccination certificates.
- ② **Prevaccination Screening Questionnaire** Please **fill in** the Prevaccination Screening Questionnaire using page 4 of this notice as reference and bring it to the vaccination site.
- ③ **Identification documents (ID) (driver's license, health insurance card, etc.)**
- ④ **Okusuri-techo (Medication Record Book) (If you are taking any medication)**

Suitable Clothing for Vaccination

Please wear **clothes that make it easy to expose the shoulder.**
(e.g., T-shirt under a jacket, etc.).

Explanation of the COVID-19 Vaccine

▶ Effect of the vaccine and injection method

The COVID-19 vaccine prevents the onset of symptoms of novel coronavirus infectious disease (COVID-19). It has been confirmed that more unvaccinated people develop COVID-19 symptoms than those who are vaccinated. Usually, the COVID-19 vaccine is administered by an intramuscular injection into the deltoid (muscle of the upper arm). For the development of sufficient immunity, receiving two doses of the vaccine is required after a certain interval. The interval between the first and second doses and ages of those who are eligible to receive a vaccine vary depending on the type of vaccine.

▶ Important notes for post-vaccination

- ① After receiving your vaccination, please remain at the vaccination site for at least 15 minutes. If you do not feel well, please notify the doctor immediately. (*If you have experienced anaphylaxis or any other severe allergic reactions in the past, please remain at the site for at least 30 minutes.)
- ② Keep the injected area of your body clean.
- ③ You may shower/bathe on the day of your vaccination but please avoid rubbing the injected area very hard.
- ④ Please avoid intense physical exercise following the vaccination on the day of the vaccination.
- ⑤ Continue to take basic prevention measures following the vaccination (such as wearing masks, washing hands, covering coughs, avoidance of "Three Cs" (crowded places, close-contact settings, confined and enclosed spaces)).

▶ Side reactions

The main side reactions include pain in the area the shot was administered, headache, muscle pain, fatigue, and fever. In very rare cases, some people may experience shock, rash, or difficulty breathing. If you have any symptoms that concern you, please contact a doctor or the Tokyo Metropolitan Government COVID-19 Vaccine Consultation Center (Refer to page 3.) immediately.

▶ Remedial System for Health Damage

Damage to health caused by the COVID-19 vaccine is subject to remedial measures according to the Immunization Act (provision of medical expenses, disability pension, or other payments). For details, please contact the Katsushika City COVID-19 Vaccination Call Center.

▶ Persons who are not able to be vaccinated

- ① Persons clearly exhibiting signs of a fever (Generally, those with a temperature of 37.5 degrees Celsius or higher are considered to have a fever.)
- ② Persons with a severe acute disease
- ③ Persons with a history of anaphylaxis in the past due to component(s) of the COVID-19 vaccine
- ④ Persons who are deemed not suitable to receive the vaccine by a doctor

▶ Persons who need to consult a doctor before vaccination

- ① Persons with underlying conditions such as heart disease, kidney disease, liver disease, blood disease, or developmental disorders
- ② Persons who have experienced an abnormal reaction such as fever or rash within two days of a vaccination in the past
- ③ Persons with a history of convulsions (seizures)
- ④ Persons who have been diagnosed with immune deficiency or persons with a close family member with congenital immunodeficiency
- ⑤ Persons who may be allergic to component(s) of the COVID-19 vaccine
- ⑥ Persons who are undergoing anticoagulant therapy or persons with thrombocytopenia or coagulopathy

Vaccination at places other than the place where the resident card is registered (place of residence)
***Basically, please receive your vaccination at the municipality where your resident card is registered**

- ① If you would like to receive the vaccine at a medical institution or facility where you are being hospitalized or admitted, please consult with the medical institution or facility.
- ② If you would like to receive the vaccine at a medical institution where you are being treated for an underlying condition, please consult with the medical institution.
- ③ If you would like to receive the vaccine in a municipality other than the municipality where your resident card is registered for reasons other than the above, please call the Katsushika City COVID-19 Vaccination Call Center.

Inquiries

▶ Questions regarding the COVID-19 Vaccination in Katsushika City including appointment and vaccination sites

Katsushika City COVID-19 Vaccination Call Center

☎ 03-6625-7453 FAX 03-4531-8196

9 a.m. to 6 p.m. daily (including weekends and statutory holidays)

▶ Specialized medical consultation including side reactions from the COVID-19 vaccination

(Nurses and public health nurses will be available to answer inquiries.)

Tokyo Metropolitan Government COVID-19 Vaccine Consultation Center

☎ 03-6258-5802

24-hours/day (including weekends and statutory holidays)