Prevaccination Screening Questionnaire for COVID-19 vaccine **Please fill in or check the ** Divose imade the bold frame ***********************************	Please fill in the <u>Japanese form</u> by referring to the following 学籍番号/教職員 上記以外の方【所									A210000]	
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Are you receiving the COVID-19 vaccine for the first time? (If you have been vaccinated before, date of 1st time: msd / pp, date of 2nd time: msd / pp, and to receive the same as the city, town, or village stated on the coupon? yes no If the city, town, or village where you currently reside the same as the city, town, or village stated on the coupon? yes no If a we you read the "Instructions for the COVID-19 vaccine" and do you understand the effects and adverse side effects? Do you fall into one of the target groups that have a higher priority for this vaccine? Medical personnel, etc. Person 60 to 64 years old Worker at a senior citizen yes no Reflection Person with an underlying disease: And you currently suffering from any kind of filtness and receiving treatment or medication? Name of disease: And you can be been disease; frame of disease: liver disease blood disease; liver disease blood disease; liver disease;			1 7000		Day				amination				
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Have you had a fever or gotten sick in the last month? Name of disease (Are you currently suffering from any kind of illness and receiving treatment or medication? Name of disease: □ heart disease □ kidney disease □ liver disease □ blood disease □ disease that makes difficult to stop bleeding □ immune deficiency □ other ()								no no			
Are there any parts of your body that are not feeling well today? Condition (√1 no			
Have you ever had a convulsion (seizure)? Have you ever experienced severe allergic symptoms (such as anaphylaxis) from medications or foods? Have you ever been sick after receiving a vaccine? Type of vaccine (Is there any possibility that you are currently pregnant (for example, your period is later than expected)? Or are you breastfeeding? Have you had any vaccines within the last two weeks? Type of vaccine (Do you have any questions about the vaccine today? In light of the results of the questions above and examination, today's vaccine is (□ possible, □ not possible). Field filled in the patient. In the person to be vaccinated is under 6 years old (fill in if monlicable) COVID-19 Vaccination Request Form After receiving a medical examination and explanation from a doctor and understanding the effects of the vaccine, do you wish to receive this vaccine? COVID-19 Vaccination Request Form After receiving a medical examination and explanation from is to ensure the safety of the vaccinate of the vaccinated is under 6 years old (fill in if monlicable) COVID-19 Vaccination Request Form After receiving a medical examination and explanation from is to ensure the safety of the vaccinate of the vaccinated in the safe of the vaccinated of the vaccinated in the safe of the vaccinated in the safe of the vaccinated in the safe of the vaccinated of the vaccin										-			
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