

# Infuenza Vaccination Questionnaire



Date 2022 / / /

**Name** \_\_\_\_\_

**Date of Birth** YY/MM/DD / / (Age )

**Home Address** Setagaya-ku / Out side of Setagaya

**Body temperature** \_\_\_\_\_ °C

- Are you going to receive the covid-19 vaccine within the next two weeks ? or  
Have you had the covid-19 vaccine within the last two weeks ?

Yes · No

- How many times have you received the flu vaccine this year ?

1st time · 2nd time (Date of 1st dose mm dd)

- Have you had any illnesses within the past 30 days ?

Yse · No 【Disease 】

- Payment method

cash · credit card

**For staff use**

接種量 0.25 (3歳未満) / 0.5 (3歳以上)

助成券 あり / なし

ロット番号



いおしゃべり  
キッズクリニック