

# 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 · setagaya-pay

## 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

