For submission to the Health and Welfare Bureau (1st sheet)

City of Yokohama

City of Yokohama Rubella Prevention Program

Preliminary Medical Checkup Sheet for Combined Measles and Rubella (MR) Vaccine

For use only at cooperating medical institutions in Yokohama City.

Please read the information sheet (third page) and fill in all the information in the bold boxes.

*Pregnant women cannot receive this vaccine.

Address			Tel.
Name of person receiving vaccine	Katakana	Sex M / F	Date of birth (YYYY/MM/DD) Body temperature on the day ºC

Please circle the number that applies to you (1 to 3).

1 Woman who wishes to become pregnant 2 Partner and cohabiting family member of a woman who wishes to become pregnant
3 Partner and cohabiting family member of a woman who is pregnant

Questions	Answer column		Physician's use only
Have you read the information sheet (third page) about the vaccination you will receive today?	Yes	No	
Have you ever received any of the following vaccines: measles vaccine, rubella vaccine, or combined measles and rubella vaccine? ( ) vaccine	Yes	No	
Are you currently seeing a doctor for any illness? Name of illness ( )	Yes	No	
Do you feel unwell in any way today? If so, please describe your symptoms ( )	Yes	No	
Have you been sick at any time in the past month? Name of illness, date of recovery ( )	Yes	No	
Has anyone in your family or around you had measles, rubella, chicken pox, or mumps within the past month? Name of illness ( )	Yes	No	
Have you received any vaccinations within the past month? Type of vaccination, date of vaccination ( )	Yes	No	
Have you received a medical diagnosis for any congenital anomaly, heart, kidney, liver, cranial nerve, immunodeficiency, or other condition since birth? Name of condition ( )	Yes	No	
Has the doctor who is treating you for this condition told you that you can receive the vaccination today?	Yes	No	
Have you ever had a seizure (convulsion)? At what age? _____yrs.	Yes	No	
Did you have a fever on this occasion?	Yes	No	
Have you ever experienced skin rashes, hives, or other health problems caused by medications or foods?	Yes	No	
Has anyone in your immediate family ever been diagnosed with congenital immunodeficiency?	Yes	No	
Have you ever fallen sick after receiving a vaccination? Type of vaccination ( )	Yes	No	
Has anyone in your immediate family ever fallen sick after receiving a vaccination?	Yes	No	
Have you received a blood transfusion or gamma globulin injection within the past 6 months?	Yes	No	
[For women] Are you currently pregnant or think you might be pregnant? Note: It is necessary to avoid pregnancy for 2 months after the vaccination.	Yes	No	
Do you have any questions about today's vaccination?	Yes	No	

Physician's use only	Medical examination findings	Body temperature before examination ºC	Physician has verified vaccine expiration date ☐	[Physician's signature or name and seal]
	Based on the above interview and examination, I judge that the vaccination today can be administered / should be postponed. I explained the expected effects of the vaccination, potential side effects, and the Relief System for Sufferers from Adverse Drug Reactions to the patient.			

For the attention of the patient	Having received a medical examination and explanation from a physician, and having understood the effects and purpose of the vaccination, the possibility of serious side effects, and the Relief System for Sufferers from Adverse Drug Reactions I hereby (agree / disagree) to be vaccinated. *Circle to indicate whether you agree or disagree. The purpose of this medical checkup sheet is to ensure the safety of vaccinations. I understand the purpose of this medical checkup sheet and agree to have it submitted to the City of Yokohama.	[Patient's signature]

Name of vaccine used	Dose administered	Administering medical institution, name of physician, date of vaccination
Name of vaccine Lot No.	(Subcutaneous vaccination) ml	Administering medical institution: Name of physician: Date of vaccination: (YYYY) (MM) (DD)

Note: Gamma globulin is a type of blood product that is sometimes injected for the purpose of preventing infectious diseases such as hepatitis A or for the treatment of serious infectious diseases. This injection may cause ineffective vaccination against measles and other diseases in people who have received it within 3 to 6 months.

To be retained by the individual (3rd sheet) To be retained by the medical institution

City of Yokohama Rubella Prevention Program

Certificate of Combined Measles and Rubella (MR) Vaccination

Please keep this document safe as a record of your vaccination.

Address			Tel.
Name of person receiving vaccine	Katakana	Sex M / F	Date of birth (YYYY/MM/DD)

1. Effects of vaccination and potential side effects

The combined measles and rubella vaccine provides immunity in about 95% or more of those vaccinated.

The most common side effects of this vaccine include fever (in about 20% of those vaccinated) and seizures (in about 10% of those vaccinated). These symptoms are most commonly seen between 5 and 14 days after vaccination. Immediately after vaccination or the next day, some people experience a fever, rash, and itching, which may be considered to be hypersensitivity symptoms, but these symptoms usually subside in 1 to 3 days. Occasionally, some people may experience redness, swelling, induration (lumps), and swelling of the lymph nodes at the injection site, but all of these symptoms are temporary and usually disappear within a few days.

Rare and serious side effects include anaphylaxis-like symptoms (shock, hives, dyspnea, etc.), acute thrombocytopenic purpura (purpura, nasal bleeding, oral mucosal bleeding, etc.), encephalitis, and convulsions.

2. Things to be aware of before receiving the vaccination

(1) If you have any questions about the necessity of the combined measles and rubella vaccine or concerns about potential side effects, please consult with the physician administering the vaccination beforehand.
(2) If you have ever had a strong allergic reaction to a vaccination, have had convulsions in the past, or if you have an underlying medical condition, please consult with your family doctor beforehand.
(3) On the day of the vaccination, please monitor your physical condition carefully and make sure it is the same as usual. If you feel unwell, please consult with your family doctor before deciding whether or not to receive the vaccination.
(4) The preliminary medical checkup sheet provides important information to the physician administering the vaccination. It is your responsibility to fill out the form in as much detail as possible. In particular, please be sure to check your recent vaccinations, allergies, etc.

3. People who should not receive the vaccination

(1) People who clearly have a high temperature (usually 37.5°C or higher)
(2) People who are clearly suffering from a serious acute illness
(3) People who have experienced anaphylaxis due to the ingredients contained in the combined measles and rubella vaccine in the past
*Anaphylaxis refers to a severe allergic reaction that usually occurs within 30 minutes after vaccination. It is a severe systemic reaction that can lead to a state of shock, with symptoms such as sweating profusely, sudden swelling of the face, severe hives all over the body, nausea, vomiting, difficulty speaking, and difficulty breathing.
(4) Patients with conditions that cause abnormal immune functions or those who are receiving treatment that causes immunosuppression
(5) Those who are currently pregnant
(6) People who a physician deems unfit to receive the vaccination for any other reason

4. People who need to exercise caution when receiving the vaccination

(1) People who are undergoing treatment for heart disease, kidney disease, liver disease, blood disease, or developmental disorders
(2) People who have had a fever within 2 days after a vaccination, or who have had a rash, hives, or other allergy-like symptoms
(3) People who have experienced convulsions (seizures) in the past
Conditions vary depending on the age at which the convulsions (seizures) occurred, whether the person had a fever at the time, whether the convulsions (seizures) have occurred since then, and the type of vaccine to be given. Be sure to consult with your family doctor beforehand.
(4) People who have been diagnosed with immunodeficiency in the past, and people who have close relatives with congenital immunodeficiency
(5) People who have been told that they are allergic to egg ingredients used for culturing in the vaccine production process, antibiotics, stabilizers, etc.

5. Things to be aware of after having received the vaccination

(1) Sudden side effects may occur during the first 30 minutes after the vaccination. During this time, you should remain at the medical institution for observation or make sure you can contact your doctor immediately.
(2) Side effects may occur up to 4 weeks after the vaccination.
(3) Keep the injection site clean. You can take a bath, but be careful not to scrub the arm where the injection was given.
(4) Avoid strenuous exercise on the day of vaccination.
(5) After receiving the vaccination, if you notice any abnormal reactions at the injection site or any changes in your physical condition, please see your doctor immediately.
(6) Avoid pregnancy for 2 months after the vaccination.

Name of vaccine used	Dose administered	Administering medical institution, name of physician, date of vaccination
Name of vaccine Lot No.	(Subcutaneous vaccination) ml	Administering medical institution: Name of physician: Date of vaccination: (YYYY) (MM) (DD)

Note: A rubber stamp is also acceptable for the name of the administering medical institution.