

VACCINATION CONSENT FORM

This form is for children receiving vaccination without accompanying guardians.

For children from 13 or over to under 16 of age only.

同意書 —13 歳以上 16 歳未満で予防接種に保護者が同伴しない場合—

Children under 16 years of age must be accompanied by their parents. But if 13 of age or over, the child can be vaccinated without guardian using this consent form. In such cases, please submit this form with the questionnaire sheet to the doctor.

To guardians,

--- Please read and fully understand the vaccine information document and decide to have your child vaccinated or not.

If decided to get vaccinated,

--- Please have the guardian fully fill in this consent form and the questionnaire sheet. Please do not forget to sign also.

--- For Influenza and Male HPV, please receive the questionnaire sheet at clinic beforehand and have it fully filled in and signed as well.

Please fill in and check either box ☐ that applies.

VACCINATION CONSENT FORM

同 意 書

I give my consent to the recipient's vaccination shown below.

I have read the vaccine information document and have understood this vaccination's benefits, aims, risks including severe side effects, and the Relief System for Injury to Health with Vaccination which differs by routine and voluntary.

予防接種を受けるに当たっての説明を読み、予防接種の効果や目的、重篤な副反応発症の可能性及び予防接種健康被害救済制度（定期接種と任意接種で異なります。）などについて理解した上で、子どもに接種させることに同意します。

I understand that vaccine information document aims to deepen the guardian's understanding of vaccination and agree this consent form to be submitted to the ward office.

「予防接種のお知らせ」は保護者のかたに予防接種に対する理解を深める目的のために作成されたことを理解の上、本様式が区に提出されることに同意します。

<Vaccine/ Disease to be vaccinated>

受ける予防接種

☐ **Human Papilloma Virus** ☐ **Influenza** ☐ **Other** _____
ヒトパピローマウイルス (HPV) 感染症 インフルエンザ その他

<Vaccine Recipient _Child>

被接種者 (子ども)

Name: _____
氏 名 SUR (姓) Given (名)

Birth Date: _____
生年月日 YYYY (年) MM (月) DD (日)

<Guardian>

保護者

Name: _____
氏 名 SUR (姓) Given (名)

Address: _____
住 所

Meguro-ku, Tokyo

Contact number in case of emergency:

緊急連絡先

Guardian's Signature: _____
保護者自署

Date: _____
YYYY (年) MM (月) DD (日)