



(予防接種当日に太枠内の該当項目に記入、もしくは○で囲んで下さい。)

Header form containing address, TEL, patient name, sex, birth date, S.H.R status, guardian name, and birth status.

Main questionnaire table with columns for questions, answers (Yes/No/Unknown), and doctor's notes.

(注) ガンマグロブリンは血液製剤の一種で、感染症の予防や治療、川崎病の治療を目的として注射されることがあり、この注射を6か月以内に受けた方は生ワクチン(麻しん・風しん・おたふくかぜ・みずぼうそう等)の効果が十分に出ないことがあります。

Doctor's notes section including pre-visit temperature and a decision on vaccination (feasible/feasible with caution).

Consent section for the doctor and guardian, including understanding of safety and agreement to the form.

Table for vaccine details: Lot No., quantity/location, and implementation site/doctor name/dates.