

# INFORMED CONSENT for Imported Vaccine vaccination

PURPOSE INFECTIOUS DISEASE PREVENTION

TREATMENT IMMUNIZATION OF IMPORTED VACCINE(S)

Overseas there are vaccines against various infectious diseases, but in Japan many of them are not licensed. For this reason, prevention of infectious diseases while traveling overseas can not sufficiently deal with vaccines approved in Japan alone. For this reason, we Vaccinations Center imports and supplies overseas vaccines directly from abroad that have been used overseas in the world with safety and efficacy experience. However, all vaccines are very rare but serious side reactions may occur after inoculation. If treatment is necessary, we will respond with insurance treatment by health insurance. However, in the case of an approved vaccine, if it is recognized as a serious side reaction by vaccination at the examination by the Ministry of Health, Labor and Welfare, it will be compensated by the medicinal product side effect damage relief system, but the unauthorized vaccine will not be subject to this compensation.

**I explained about them to the following patient(s).**

DATE: \_\_\_\_\_

Name of physician: \_\_\_\_\_ ② Meitetsu Hospital Vaccinations Center  
(署名または押印)

Witness: \_\_\_\_\_

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DATE: \_\_\_\_\_

Do you agree to receive imported vaccine(s)?

☐ I agree.

☐ I do not agree.

**1. Patient name (signature).** \_\_\_\_\_

\* 18歳未満の患者さんもお自身で署名出る場合はご自身で記入をお願いします。

**2. Parent, Relatives, Substitute person name:** \_\_\_\_\_

【Relationship: \_\_\_\_\_】

\* If the patient is under 18 years old.

\* If the patient is between 18 and 19 years old and high risk for immunization  
(e.g. history of anaphylaxis)

\* If the patient is unable to sign by oneself.