

## For people who are 59 or 64 years old as of October 2

### Notice of Voluntary Influenza Vaccination Expenses Subsidy Program

The Immunization Act stipulates that the influenza vaccination for the elderly must be administered as a routine vaccination on and after the day before their birthday. However, Adachi City started a voluntary vaccination subsidy system from FY2020, and by signing the consent form at the bottom of this document, you can get the vaccination earlier than the day before your birthday using the city's vaccine screening questionnaire.

#### Eligible person for voluntary vaccination

Persons who wish to get an influenza vaccination earlier than the day before their 60th or 65th birthday.

#### How to get a voluntary vaccination

Sign the consent form below and bring it to a **designated medical institution in Adachi City** together with the Vaccine Screening Questionnaire.

※As this is a system unique to Adachi City, **voluntary vaccinations cannot be administered at medical institutions other than Adachi City.** If you get a vaccination at a medical institution other than Adachi City earlier than the day before your birthday, **you may have to pay the vaccination fee.**

#### Difference between voluntary vaccination and routine vaccination

	<u>Voluntary vaccination</u> (Vaccination earlier than the day before your birthday)	Routine vaccination (Vaccination on or after the day before your birthday)
Amount of your own expense	Free charge	
Vaccination ava. period	From Oct.1 to two days before the birthday	From the day before the birthday to Jan.31 of the following year
Medical institutions where vaccinations are available.	Designated medical institutions <b><u>in Adachi City</u></b> <b><u>(You cannot get vaccination other than Adachi City)</u></b>	Designated medical institutions <b><u>in the 23 cities in Tokyo</u></b>
Compensation when side reaction occurs	Compensation by the Independent Administrative Agency (※)	Compensation by the government
What to bring	<ul style="list-style-type: none"><li>• Vaccination Register (Vaccine Screening Questionnaire)</li><li>• Health insurance card, etc. (depends on medical institution)</li><li>• <b>Consent Form (use the form below)</b></li></ul>	<ul style="list-style-type: none"><li>• Vaccination Register (Vaccine Screening Questionnaire)</li><li>• Health insurance card, etc. (depends on medical institution)</li></ul>

(※) If you suffer health damage from the side reactions caused by the voluntary vaccinations to the level that you will be left with disability and your daily life will be impaired, you may be eligible for damage relief under the Pharmaceuticals and Medical Devices Agency Act.

#### <Consent Form>

I would like to be vaccinated through the voluntary vaccination program. The purpose of this form is to ensure the safety of vaccination. I understand this and agree that this form will be submitted to Adachi City.

Signature of myself \_\_\_\_\_

Emergency contact \_\_\_\_\_