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

Notice of Subsidy Program for Voluntary Influenza Vaccination Expenses

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

[Be sure to bring this document with you at the time of vaccination.]

Eligible persons for voluntary vaccination

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

How to receive a voluntary vaccination

Sign the Consent Form below and bring it, together with the Vaccination Register and Screening Questionnaire, to a **designated medical institution in Adachi City**.

※As this is a program unique to Adachi City, **voluntary vaccinations cannot be administered at medical institutions outside Adachi City.** If you receive a vaccination at a medical institution outside Adachi City earlier than the day before your birthday, **you will have to pay the full cost yourself, as the vaccination Is not covered by this program.**

Difference between voluntary vaccination and routine vaccination

	Voluntary vaccination (**Vaccination earlier than the day before one's birthday**)	Routine vaccination (Vaccination on or after the day before one's birthday)
Self-pay	Free of charge	
Vaccination period	From October.1, 2026 to two days before one's birthday	From the day before one's birthday to January 31, 2027
Medical institutions where vaccinations are available.	**Designated medical institutions in Adachi City (You cannot receive vaccination outside Adachi City)**	Designated medical institutions within the **Tokyo's 23 special wards**
Compensation for adverse reactions	Compensation by the Independent Administrative Agency（※）	Compensation by the government
What to bring	・Vaccination Register and Screening Questionnaire ・Health insurance card, or others. (depends on medical institution) ・**Consent Form（use the form below）**	・Vaccination Register and Screening Questionnaire ・Health insurance card, or others. (depending on medical institution)

（※）If you suffer health damage caused by adverse reactions to a voluntary vaccinations that results in a disability and interferes with your daily life, you may be eligible for relief under the Act on the Pharmaceuticals and Medical Devices Agency.

＜Consent Form＞

I wish to receive the vaccination under the voluntary vaccination program. This form is intended to ensure the safety of vaccinations. I understand it and agree that this form will be submitted to Adachi City.

Signature of Applicant_____

Emergency Contact_____

Inquiries: Inoculation Subsection, Health Preventive Control Section, Hygiene Division, TEL 3880-5094

Adachi City