

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 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, they can get the vaccination earlier than the day before their birthday using the city's vaccine screening questionnaire.

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 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 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, since it is outside the scope of this program.**

Difference between voluntary vaccination and routine vaccination

	<u>Voluntary vaccination</u> (Vaccination earlier than the day before the birthday)	Routine vaccination (Vaccination on or after the day before the birthday)
Self-pay	Free of charge	
Vaccination ava. period	From October.1, 2025 to two days before the birthday	From the day before the birthday to January 31, 2026
Medical institutions where vaccinations are available.	Designated medical institutions <u>in Adachi City</u> <u>(You cannot receive vaccination outside Adachi City)</u>	Designated medical institutions in the <u>special 23 cities of Tokyo</u>
Compensation for adverse reactions	Compensation by the Independent Administrative Agency (※)	Compensation by the government
What to bring	<ul style="list-style-type: none">• Vaccination Register and Screening Questionnaire• Health insurance card, or others. (depends on medical institution)• Consent Form (use the form below)	<ul style="list-style-type: none">• Vaccination Register and Vaccine Screening Questionnaire• Health insurance card, or others. (depends on medical institution)

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

<Consent Form>

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

Signature of Applicant _____

Emergency Contact _____

Inquiries: Vaccination Subsection, Public Health Preventive Control Section, Hygiene Division, Adachi City

TEL: 3880-5094