

Notice regarding the COVID-19 Vaccination

Vaccination
free of charge

Vaccinations are administered based on freewill. Children aged 15 years old or younger require consent from a guardian. Getting a vaccination is your choice.

Persons Eligible

Persons eligible for the vaccination depend on the number of doses and vaccine type. In addition, a set interval must be secured between COVID-19 vaccines. For details, please see the separate attachment.

Appointment Method

*City hall, public health centers (hokenjo) and other city facilities do not accept appointments.

Appointment methods differ depending on the medical institution. Please be sure you refer to the enclosed Vaccination Site List. If the dose this time is available at the medical institution where you received your previous dose, contact the medical institution first.



Calling a Medical Institution

Please refer to the enclosed Vaccination Site List.

*Appointment methods differ depending on the medical institution.



Call Center ☎ 03-6625-7453

Katsushika City COVID-19 Vaccine Call Center

9 a.m. to 6 p.m. daily (including weekends and statutory holidays)

You will need your Coupon Number, etc. to make an appointment. Please have the enclosed Pre-Vaccination Screening Questionnaire (combined with vaccination coupon), etc. ready when making the call.

*Appointment for the hearing impaired FAX:03-4531-8196



Online

Please use the special appointment website.

Login ID is a Coupon Number (Refer to the coupon sample below). The initial password is your date of birth (western calendar year/8 digits). After logging in for the first time, please set a new password (8 digits including alphabetical and numerical characters).

E.g. Date of Birth: April 1,
1956->19560401



▲Vaccine
appointment website

The Coupon Number
can be found **here**.

〒125-0062
葛飾区青戸4丁目15番14号
葛飾 太郎様

保健予防課(新型コロナ予防接種担当)
〒125-0062 葛飾区青戸4丁目15番14号
健康プラザかつしか内

接種費用
無料
(全額公費)

【葛飾区新型コロナワクチンコールセンター】
03-6625-7453 (毎日/9:00~18:00)
予約した接種日時を記入しておきましょう
回目) 月 日 : ~ :

券番号 0000000000

*Even if you have received this document or have made an appointment, we may refuse to vaccinate you on the day for reasons such as "not eligible for vaccination" or "cannot confirm the date of the previous vaccination."

Items to Bring to Receive a Vaccination

- ① **Pre-Vaccination Screening Questionnaire** (Please fill in the questionnaire using page 4 of this notice as reference and bring it to the vaccination site.)
- ② **Certificate of Vaccination for COVID-19** (This document records your vaccinations. Please do not forget to bring this document.)
*Except for the first dose, ① and ② are one sheet. Please do not separate them into two.
- ③ **Personal Identification (ID) (driver's license, health insurance card, etc.)**
*Your Individual Number (My Number) Notification Card cannot be used for Personal Identification (ID)
- ④ **Okusuri-techo (Medication Record Book) (If you are taking any medication)**
- ⑤ **Boshi Kenko Techo (Maternal and Child Health Handbook) and Nyuyoji/Kodomo Iryo-sho (Infant/Child Medical Certificate) (*If the person receiving the vaccination is aged 15 or younger and has the Handbook/Certificate)**
- ⑥ **Documents showing records of vaccinations received in other municipalities or countries (*For those who have such documents)**

Suitable Clothing for Vaccination

Please wear **clothes that make it easy to expose the shoulder or other injection sites**. (e.g., T-shirt under a jacket, etc.).

Explanation of the COVID-19 Vaccine

▶ Effect of the vaccine and injection method

The COVID-19 vaccine prevents the onset of symptoms and severe illness from novel coronavirus infectious disease (COVID-19). Usually, the vaccine is administered by an intramuscular injection into the deltoid (muscle of the upper arm). Newborns less than one year old and those without an adequate amount of muscle may be injected in the outer thigh. Those eligible for the vaccine and the amount to be administered differ depending on the number of doses and vaccine type.

▶ Important notes for post-vaccination

- ① After receiving your vaccination, please remain at the vaccination site for at least 15 minutes. (If you have experienced anaphylaxis or any other allergic reactions in the past, please remain at the site for at least 30 minutes.). If you do not feel well, please notify the doctor immediately.
- ② Keep the injected area of your body clean.
- ③ You may shower/bathe on the day of your vaccination, but please avoid rubbing the injected area very hard.
- ④ Please avoid intense physical exercise or excessive consumption of alcohol following the vaccination on the day of the vaccination.
- ⑤ Continue to take basic infection prevention measures following the vaccination (such as wearing a mask, washing hands, covering coughs, avoidance of "Three Cs" (crowded places, close-contact settings and closed spaces)).

▶ Side reactions

The main side reactions include pain in the area the shot was administered, headache, muscle pain, fatigue, and fever. In very rare cases, some people may experience shock, rash, or difficulty breathing. In addition, cases of suspected myocarditis or pericarditis have been reported. If you experience prolonged side reactions or have symptoms such as chest pain, heart palpitation, shortness of breath, or swelling within several days after the vaccination, please seek medical attention immediately.

If you have any symptoms that concern you, please contact a doctor or the Tokyo Metropolitan Government COVID-19 Vaccine Side Reaction Consultation Center (03-6258-5802) immediately.

▶ Relief System for Injury to Health with Vaccination

Damage to health (to become sick or disabled) caused by the COVID-19 vaccine is subject to a relief system (provision of medical expenses, disability pension, etc.) according to the Immunization Act. For details, please contact the Katsushika City COVID-19 Vaccination Call Center.

▶ Persons who are not able to be vaccinated

- ① Persons clearly exhibiting signs of a fever (Generally, those with a temperature of 37.5 degrees Celsius or higher are considered to have a fever. However, even if your temperature is below 37.5 degrees Celsius, you may be deemed to have a fever depending on your normal temperature level.)
- ② Persons with a severe acute disease
- ③ Persons with a history of anaphylaxis in the past due to component(s) of the COVID-19 vaccine (Persons experiencing anaphylaxis during past COVID-19 vaccinations are not able to receive a booster shot using the same vaccine.)
- ④ Persons who are deemed not suitable to receive the vaccine by a doctor

▶ Persons who need to consult a doctor before vaccination

- ① Persons with underlying conditions such as heart disease, kidney disease, liver disease, blood disease, or developmental disorders
- ② Persons who have experienced an abnormal reaction such as fever or rash within two days of vaccination in the past
- ③ Persons with a history of convulsions (seizures)
- ④ Persons who have been diagnosed with immune deficiency or persons with a close family member with congenital immunodeficiency
- ⑤ Persons who may be allergic to component(s) of the COVID-19 vaccine
- ⑥ Persons who are undergoing anticoagulant therapy or persons with thrombocytopenia or coagulopathy

If you are pregnant or possibly pregnant or breastfeeding, be sure to inform the doctor during screening before the vaccination. Even if you have not confirmed whether you can receive a vaccine with your obstetrician or gynecologist, you may receive a vaccination if the screening doctor before the vaccination provides approval.



For details on the latest COVID-19 vaccine information, please refer to the Ministry of Health, Labour and Welfare website.

Accompanied by Guardians

Children 15 years old or younger must be accompanied by a guardian, in principle. Junior high school students and older minors may be vaccinated without being accompanied by a guardian only when permitted by a medical institution providing vaccinations if consent is provided on the Pre-Vaccination Screening Questionnaire with a guardian's signature.

Inquiries

▶ Specialized medical consultation including side reactions from the COVID-19 vaccination

(Nurses and public health nurses will be available to answer inquiries.)

Tokyo Metropolitan Government COVID-19 Vaccine Consultation Center ☎ **03-6258-5802**

24-hours/day (including weekends and statutory holidays)

*For persons who find telephone communication difficult:03-5388-1396

▶ Questions regarding the COVID-19 Vaccination in Katsushika City including appointments and vaccination sites

Katsushika City COVID-19 Vaccination Call Center ☎ **03-6625-7453**

9 a.m. to 6 p.m. daily (including weekends and statutory holidays)

For persons who find telephone communication difficult:03-4531-8196

How to Fill in the Pre-Vaccination Screening Questionnaire for COVID-19 Vaccine

1 Please enter your phone number and age. To correct the printed name, address, or date of birth, cross out the information you would like to edit using double lines and enter the correct information in the available space nearby.

*Since the temperature will be measured at the vaccination site, leave the temperature space blank.

2 Answer the questions by placing checkmarks in the boxes.

新型コロナワクチン接種の予診票 (回目用)

※太枠内にご記入またはチェック☑を入れてください。

1	東京都葛飾区 青戸 4-15-14	券種 2 (□予診のみ) 回数 請求先 東京都葛飾区 131229 券番号 氏名
	フリガナ カツシカ タロウ 氏名 葛飾 太郎	電話番号 (03) 1234-5678
	生年月日 (西暦) 2003年×3月31日生 (満19歳) <input checked="" type="checkbox"/> 男 <input type="checkbox"/> 女	診察前の体温 <input type="text"/> 度 <input type="text"/> 分

質問事項	回答欄	医師記入欄
新型コロナワクチンの接種を受けたことがありますか。 接種日(1回目: 年 月 日、2回目: 年 月 日) 接種を受けたワクチン()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
現時点で住民票のある市町村と、接種券又は右上の請求先に記載されている市町村は同じですか。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
「新型コロナワクチンの説明書」を読んで、効果や副反応などについて理解しましたか。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
現在、何らかの病気にかかって、治療(投薬など)を受けていますか。 病名: <input type="checkbox"/> 心臓病 <input type="checkbox"/> 腎臓病 <input type="checkbox"/> 肝臓病 <input type="checkbox"/> 血液疾患 <input type="checkbox"/> 血が止まりにくい病気 <input type="checkbox"/> 免疫不全 <input type="checkbox"/> 毛細血管漏出症候群 <input type="checkbox"/> その他()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
治療内容: <input type="checkbox"/> 血をサラサラにする薬() <input type="checkbox"/> その他()		
最近1ヶ月以内に熱が出たり、病気にかかったりしましたか。 病名()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
今日、体に具合が悪いところがありますか。 症状()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
けいれん(ひきつけ)を起こしたことがありますか。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
薬や食品などで、重いアレルギー症状(アナフィラキシーなど)を起こしたことがありますか。 薬・食品など原因になったもの()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
これまでに予防接種を受けて具合が悪くなったことはありますか。 種類() 症状()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
現在妊娠している可能性(生理が予定より遅れているなど)はありますか。または、授乳中ですか。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
2週間以内に予防接種を受けましたか。 種類() 受けた日()	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
今日の予防接種について質問がありますか。	<input type="checkbox"/> はい <input type="checkbox"/> いいえ	
医師記入欄 以上の問診及び診察の結果、今日の接種は (<input type="checkbox"/> 可能 ・ <input type="checkbox"/> 見合わせる) 本人に対して、接種の効果、副反応及び予防接種健康被害救済制度について、説明した。		医師署名又は記名押印
医療機関記入欄 0 時間外(受付時間 :) 0 休日 0 小児(6歳未満) 0 予備① 0 予備② <small>※該当する項目について、マークの形からはみ出さないように濃く塗りつぶす</small>		

If you are 15 years old or younger, the signature of a guardian is required.

ワクチン名・ロット番号 シール貼付位置 ※枠に合わせてまっすぐに貼付けてください (注)有効期限が切れていないか確認	接種量 <input type="text"/> ml	実施場所・医師名・接種年月日 実施場所 <input type="text"/> 医師名 <input type="text"/> 接種年月日 ※記入例) 4月1日→04月01日 2022年 <input type="text"/> 月 <input type="text"/> 日	医療機関等コード <input type="text"/> 医師署名又は記名押印
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Confirm the number of doses.

Vaccination coupon is printed here.

Please refer to pages 2 to 3 of this notice.

Blood-thinning medicine product name (generic names)

- Warfarin (Warfarin potassium)
- Prazaxa (Dabigatran etexilate)
- Xarelto (Rivaroxaban)
- Eliquis (Apixaban)
- Lixiana (Edoxaban Tosilate Hydrate)

***You are eligible to receive a vaccine but please pay close attention to any post-vaccination bleeding.**

Please fill in beforehand and bring it to the vaccination site.

Content may differ from the above image depending on the number of vaccinations.

Attached Document

[Vaccines that can be given by age and by the number of doses]

(As of December 16, 2022)

Manufacturer		Pfizer	Pfizer	Pfizer	Moderna	Pfizer	Moderna
Product name		Comirnaty (For 6 months to 4 years old)	Comirnaty (For ages 5-11)	Comirnaty (Original Strain)	Spikevax (Targets Omicron)	Comirnaty (Targets Omicron)	Spikevax (Targets Omicron)
Age 6 months-4	First dose	●					
	Second dose	●					
	Third dose	●					
Age 5-11	First dose		●				
	Second dose		●				
	Third dose		●				
Age 12-17	First dose			●	●		
	Second dose			●	●		
	Third dose			▲	▲	●	●
	Fourth dose					●	●
Age 18-59	First dose			●	●		
	Second dose			●	●		
	Third dose			▲	▲	●	●
	Fourth dose			▲	▲	●	●
	Fifth dose					●	●
Age 60 and older	First dose			●	●		
	Second dose			●	●		
	Third dose			▲	▲	●	●
	Fourth dose			▲	▲	●	●
	Fifth dose					●	●

*Currently, one dose of a vaccine that targets the Omicron strain is recommended for those who have received a first or second COVID-19 vaccine injection. However, if only a regular COVID-19 vaccine is available at the time of your appointment for another dose, you may receive the regular COVID-19 vaccine. Vaccine shots targeting Omicron are currently limited to one shot per person. (For example, if you receive a vaccine targeting the Omicron strain for your fourth dose, a vaccine targeting the Omicron strain will not be administered in your fifth dose at this point.)

Injection Site
 [Less than 1 year old] Anterolateral thigh (Outer thigh)
 [1 to 2 years old] Anterolateral thigh (Outer thigh) or center area of the deltoid (shoulder)
 [3 years old or older] Center area of the deltoid (shoulder)
 *If children aged 5 to 11 years old clearly do not have enough muscular definition, the vaccine may be injected in the anterolateral thigh.

Persons aged 18 to 59 years old are eligible for a fourth dose of the regular COVID-19 vaccine only when either of the following applies.

- Medical workers, workers in facilities for the elderly, etc.
- People with underlying medical conditions (see reverse side) and others recognized by a doctor as having a high risk of severe illness

[Vaccination interval from the previous dose]

(As of December 16, 2022)

Manufacturer		Pfizer	Pfizer	Pfizer	Moderna	Pfizer	Moderna	
Product name		Comirnaty (For 6 months to 4 years old)	Comirnaty (For ages 5-11)	Comirnaty (Original Strain)	Spikevax (Targets Omicron)	Comirnaty (Targets Omicron)	Spikevax (Targets Omicron)	
First vaccination	First dose	—	First dose	—	First dose	—	First dose	—
	Second dose	Usually 3 weeks (20 days) apart	Second dose	Usually 3 weeks (20 days) apart	Second dose	Usually 3 weeks (20 days) apart	Second dose	Usually 4 weeks (27 days) apart
	Third dose	At least 8 weeks (55 days) apart	Third dose	After 5 months	Third dose	After 3 months	Third dose	After 3 months
Booster shot				Fourth dose	Fourth dose	Fourth dose	Fourth dose	Fourth dose
						Fifth dose	Fifth dose	Fifth dose

- The table above summarizes the eligibility for each vaccine. Please note that the vaccines available are different for each medical institution.
- Please note that the vaccine you would like to receive may not be available due to reasons such as the amount of supply from the government.
- The COVID-19 vaccine and influenza vaccine can be received at the same time. An interval of 13 days or more is required to receive vaccines other than the influenza vaccine.
- For the “First Vaccination” in the table, please receive the same manufacturer’s vaccine in principle. If persons aged 12 years old and above require a different vaccine for the second dose than the first dose, they may receive a different vaccine after a minimum of 27 days. In some medical institutions, appointments cannot be made for a different vaccine for the second dose.
- When children aged 5 to 11 years old turn 12 years old between the first dose and the second dose, please receive the same vaccine for the second dose as the first dose.
- When children aged 6 months to 4 years old turn 5 years old between the first dose to the third dose, please receive the same vaccine for the second and third dose as the first dose.