Ver. 2026.7.1

Consent form of Clinical Services at the Travel Clinic

President, National Center for Global Health and Medicine, Japan Institute for Health Security

I have reviewed the materials for the following item(s) and received an explanation from the explaining physician (Name: _____). I understand the following contents and consent to receive the relevant medical care.

Please check the item(s) that have been explained to you.

☐Vaccine Information and Explanation

(eligibility, effectiveness, methods, scheduling, interval, possibility and management of adverse events, compensation system, fees and other related matters)

Information Sheet: Travelers' Vaccine: before you get a vaccination.

Please circle the vaccine(s) scheduled to be administered.

Hepatitis A, Hepatitis B, Tetanus, Rabies, Japanese Encephalitis, Typhoid fever, Measles, Rubella, Mumps, Varicella, MR (Measles/Rubella), IPV, DTaP (Diphtheria/Tetanus/acellular Pertussis), DPT-IPV-Hib, PCV20, PCV21, PPSV23, Hib, Meningococcal disease ACWY, Shingles, BCG, Rotavirus, HPV4, HPV9, RSV, Tick borne Encephalitis, COVID-19, Inactivated Influenza, Nasal Live Attenuated Influenza, Others ( )

☐Vaccine (Not-approved by Japanese government)

(eligibility, effectiveness, methods, scheduling, interval, possibility and management of adverse events, compensation system)

Please circle the vaccine(s) scheduled to be administered.

Information Sheet: Travelers' Vaccine: before you get a vaccination.

Imported Hepatitis A (Havrix), Imported Rabies (Verorab), Imported Cholera (Dukoral)

Imported Tdap (booster for adolescent/adult (Boostrix)), Imported MMR (Measles/Mumps/Rubella; Priorix), Imported Meningococcal Meningitis (Bexsero) (Other:)

☐Prophylaxis/medication for Malaria: Information Sheet: Pocket guide about Malaria Prevention

☐Prophylaxis/medication for Malaria (off-label use in Japan): Information Sheet: Prophylaxis for Malaria by Doxycycline

☐Prophylaxis/medication for Altitude sickness/Acute Mountain Sickness: Information Sheet: Prophylaxis for Altitude sickness

☑ I confirm that vaccination fees are charged as self-pay medical care based on the vaccine price list of the Travel Clinic at this hospital, and that a consultation fee, vaccine fees, certificate fees, and other fees may apply.

☑ If, after the vaccination or testing plan has been decided in consultation with the physician, I cancel the medical care for my own reasons, I may be required to pay the fee for the relevant vaccination or test because the vaccine may become unusable after opening/preparation, etc.

Date of Consent: _____/_____/_____

Consenting person (person receiving vaccination) Name:_____

Parent/guardian (if the person receiving vaccination is under 18 years of age) Name: _____

Relationship: _____