

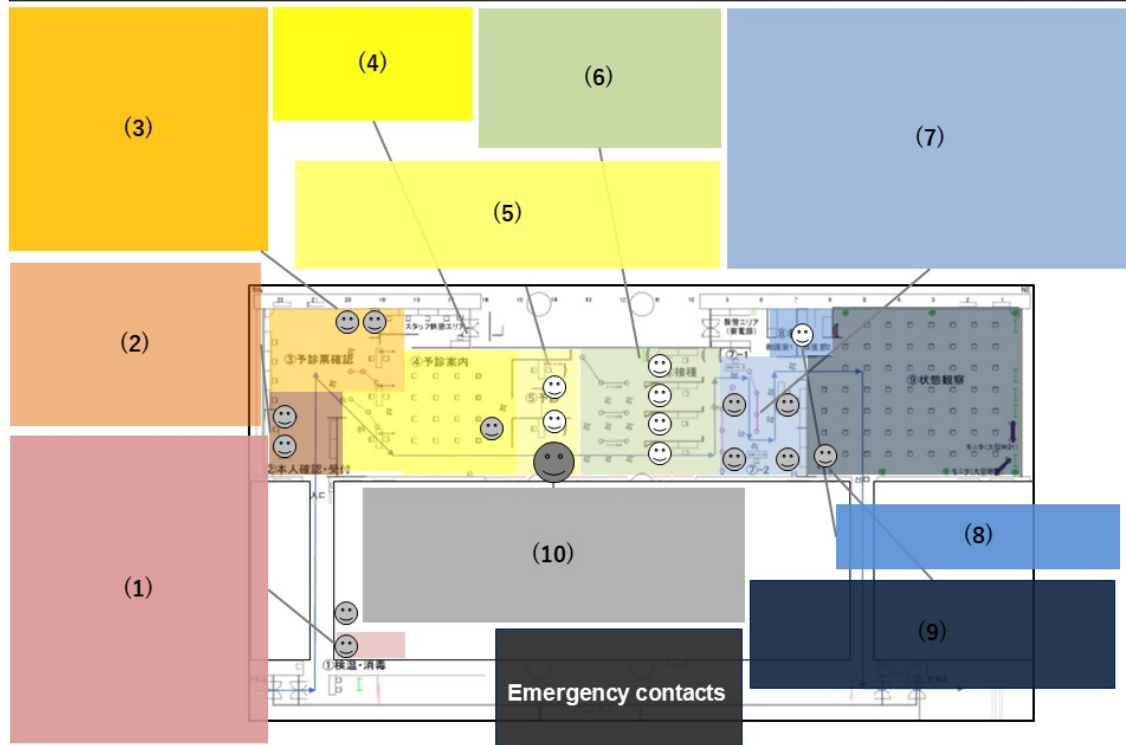
ITOCHU VACCINATION SITE OPERATION GUIDE BOOK

(Tokyo)

Ver. 4 20210625

Station/Job Descriptions: COVID-19 Workplace Vaccination Site

* Details follow



1. Temperature Check and Sanitizing Station (ex.)
 - a. Direct patient to use hand sanitizer
 - b. Check that the patient is wearing a mask
 - c. Take the patient's temperature and check that they take and apply the temperature sticker
 - d. Confirm that the patient has come to be vaccinated
 - e. Direct the patient to the next station
2. ID Verification and Reception Station (ex.)
 - a. Check ID
 - b. Check appointment reservation
 - c. Check that the patient has brought their Prevaccination Screening Questionnaire, Record of Vaccination form, and vaccination voucher (if available)
 - d. Direct the patient to the next station

<p>3. Prevaccination Screening Questionnaire Confirmation Station (ex.)</p> <ul style="list-style-type: none"> a. Check that the patient's temperature has been filled in b. Use the guides to filling out the Prevaccination Screening Questionnaire and Record of Vaccination form to check for omissions c. Give the patient a document folder and direct them to place their documents inside d. Direct the patient to the next station
<p>4. Preliminary Examination Guide (ex.)</p> <ul style="list-style-type: none"> a. Direct the patient to take a seat b. Direct the patient to the preliminary examination space c. Direct the patient to prepare to expose their shoulder
<p>5. Preliminary Examination Station ((A) ex. (B) ex.)</p> <ul style="list-style-type: none"> a. Examine the patient to determine whether they can be vaccinated and sign their paperwork b. Fill in the inoculation amount and date of vaccination c. Direct the patient to the vaccination waiting space d. Signal to the Preliminary Examination Guide to send the next patient
<p>6. Vaccination Station (ex.)</p> <ul style="list-style-type: none"> a. Call in the patient b. Check the signatures of the doctor and the patient c. Inject the vaccine d. Direct the patient to the next station
<p>7. Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting Station (ex.)</p> <ul style="list-style-type: none"> a. Apply the lot number sticker to the Prevaccination Screening Questionnaire and Record of Vaccination form and return to the patient b. Stamp and fill in the vaccination date on the Record of Vaccination form c. Apply the vaccination voucher to the Prevaccination Screening Questionnaire (if available) d. Give the patient their observation end-time slip e. Direct the patient to the observation space f. Sort the Prevaccination Screening Questionnaire into the appropriate brown box
<p>8. Medical Aid Officer (ex.)</p> <p>*Check patient symptoms, administer any necessary emergency treatment</p>
<p>9. Patient Observation and Observation End-Time Confirmation Station (ex.)</p> <ul style="list-style-type: none"> a. Observe patients, looking for any who appear to be unwell

<ul style="list-style-type: none"> b. Confirm the time on patients' observation end-time slips and direct them to the exit c. Direct patients to dispose of their observation end-time slips d. Give patients blank Prevaccination Screening Questionnaires for use at their second vaccination
<p>10. Operational Oversight Officer (ex.)</p> <ul style="list-style-type: none"> * Respond to irregularities * Fill out and submit Vaccination Site Operation Report Sheet * Fill appointment vacancies left by cancellations * Check collected Prevaccination Screening Questionnaires and submit them with Prevaccination Screening Questionnaire Collection Confirmation Sheet
<p><u>Emergency contacts</u></p> <p>Industrial physician A (ex.)</p> <p>Industrial physician B (ex.)</p> <p>Industrial physicians' phone operator (ex.)</p> <p>Health Office reception (ex.)</p>

1. Temperature Check and Sanitizing Station (Two Persons)

(1) Tasks/workflow

- a. Direct patient to use hand sanitizer (set up outside the entrance for patients to use themselves)
 - b. Check that the patient is wearing a mask (provide a mask to patients without one)
 - c. Take the patient's temperature and check that they take the temperature sticker and apply it to the back of the Prevacination Screening Questionnaire
- * If the patient has a temperature higher than 37.5°C, take their temperature again with a portable thermometer. If the reading is still higher than 37.5°C, record them on the Persons Ineligible to Be Vaccinated Sheet (Temperature Check and Sanitizing), give the patient a Re-Reservation Info Sheet, and direct them to leave the site (via the entrance)
- d. Confirm that the patient has come to be vaccinated and ask them to have ready their Prevacination Screening Questionnaire, Record of Vaccination form, and vaccine voucher (if they have received it)
 - e. Direct the patient to the next station
- * Submit the Persons Ineligible to Be Vaccinated Sheet (Temperature Check and Sanitizing) to the ID Verification and Reception Station at the end of each morning and afternoon shift
- * Put out the hand sanitizer table before the start of the morning shift and bring it inside after the end of the afternoon shift

(2) Supplies

- Hand sanitizer
- Masks
- Extra temperature stickers
- Portable thermometers
- Persons Ineligible to Be Vaccinated Sheets (Temperature Check and Sanitizing)
- Re-Reservation Info Sheets
- Pens, etc. (sanitized)
- Umbrella bags

(3) Example station setup



Hand sanitizing station



Temperature check station with a machine that takes the patient's temperature and issues a sticker with the temperature printed

2. ID Verification and Reception Station (two persons)

(1) Tasks/workflow

a. Ask the patient to show a photo ID and check that their face matches the photo

*1. In general, this should be their company ID badge; if they do not have their badge, a building guest pass, driver's license, My Number card, or health insurance card may be used instead

b. Check that the name on the patient's photo ID matches that on the appointment confirmation list and that in the appointment system, and check and update the appointment confirmation list and the appointment system

*1. If their appointment is for the morning or afternoon of that day, the patient can be received

*2. If the patient does not have a reservation or has a reservation for a different day, record them on the Persons Ineligible to Be Vaccinated Sheet (ID Verification and Reception), give the patient a Re-Reservation Info Sheet, and direct them to leave the site (via the entrance)

c. Check that the patient has brought their Prevaccination Screening Questionnaire, Record of Vaccination form and vaccination voucher (if they have received it)

*1. Issue the necessary blank forms to patients who have forgotten them, and direct them to fill them in

*2. If they have filled in either form using erasable pen, issue them blank forms and direct them to fill them in using a normal ballpen

d. Direct the patient to the next station

(2) Supplies

- Persons Ineligible to Be Vaccinated Sheets (ID Verification and Reception)
- Re-Reservation Info Sheets
- Blank Prevaccination Screening Questionnaires
- Blank Record of Vaccination forms
- Pens, etc. (sanitized)
- Appointment system manual
- List of appointments for the day

(3) Example station setup



Have blank forms ready

3. Prevaccination Screening Questionnaire Confirmation Station (two persons)

(1) Tasks/workflow

- a. Direct the patient to fill in their temperature on the Prevaccination Screening Questionnaire
- b. Use the How to Fill Out the Prevaccination Screening Questionnaire form and How to Fill Out the Record of Vaccination form to check for omissions
 - *1. Check each item, pointing to each individually to avoid skipping any (make sure to check for the name of the patient's company outside the form's border)
 - *2. If the patient has not yet filled in their temperature, direct them to fill it in based on the temperature sticker on the back of the Prevaccination Screening Questionnaire
 - *3. If the patient is the spouse of an employee, direct them to write "(spouse)" next to their spouse's company outside the form's border
 - *4. If there are any other omissions, direct the patient to fill them in
- c. Give the patient a document folder and direct them to put their Prevaccination Screening Questionnaire, Record of Vaccination form, and vaccination voucher (if they have received one) inside
- d. Direct the patient to the next station
 - * Restock unused pens at the form filling space when they run low
 - * At the end of the afternoon shift, use disinfectant spray to sanitize the used pens
 - * Regularly sanitize the form filling space using disinfecting wipes
 - * Disinfect staff vests in the staff room each morning and afternoon shift

(2) Supplies

- How to Fill Out the Prevaccination Screening Questionnaire form
- How to Fill Out the Record of Vaccination form
- Unused ballpens
- Disinfecting wipes
- Document folders
- Pens, etc.
- Penholders (one for unused pens and one for used pens)

(3) Example station setup



Area to fill forms (with sample forms)



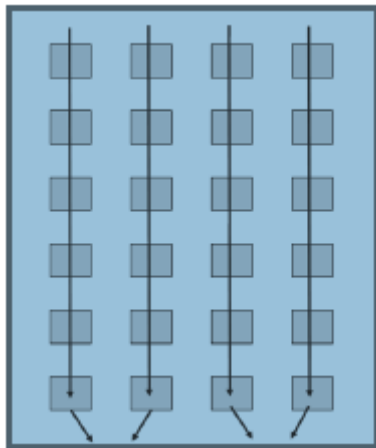
Check for omissions

4. Preliminary Examination Guide (one person)

(1) Tasks/workflow

a. Direct the patient to take a seat, filling seats from the front to back

* Fill all four rows from the front and guide patients in the left two rows to preliminary examination space A and patients in the right two rows to preliminary examination space B



b. Check that the preliminary examination space is vacant, then direct patients there, alternating rows

*1. If, as a result of the preliminary examination, a patient's vaccination is postponed, record them on the Persons Ineligible to Be Vaccinated Sheet (Preliminary Examination Guide), give the patient a Re-Reservation Info Sheet, and direct them to leave the site (via the exit behind the Henry Moore sculpture)

c. Direct the patient to prepare to expose their shoulder

* Submit the Persons Ineligible to Be Vaccinated Sheet (Preliminary Examination Guide) to the ID verification and reception station at the end of each morning and afternoon shift

(2) Supplies

- Persons Ineligible to Be Vaccinated Sheets (Preliminary Examination Guide)
- Pens, etc. (sanitized)
- Clipboard

(3) Example station setup



Put row number labels on the floor; the Preliminary Examination Guide should stand where they can both see patients arriving and see inside the preliminary examination space (the position indicated with a circle in the photo)

5. Preliminary Examination Station (two persons)

(1) Tasks/workflow

- a. Use the Prevaccination Screening Questionnaire to examine the patient and determine whether they can be vaccinated; sign their paperwork
 - *1. If you determine that a patient cannot be vaccinated, call the Preliminary Examination Guide
 - *2. If a patient is taking an anticoagulant, direct them to apply pressure to the injection site for at least two minutes after the injection, and write “2 minutes” in the appropriate “Field filled in by doctor”
 - *3. If the patient will require an observation time of 30 minutes, write “30 minutes” in the appropriate “Field filled in by doctor”
- b. Fill in the inoculation amount and date of vaccination on the Prevaccination Screening Questionnaire and return it to the patient
- c. Direct the patient to the vaccination waiting space
- d. Signal to the Preliminary Examination Guide to send the next patient

(2) Supplies

- None (other than medical equipment)

(3) Example station setup



Station for medical interview by a doctor

6. Vaccination Station (three persons)

(1) Tasks/workflow

- a. Call in the patient
- b. Check the signatures of the doctor and the patient on the Prevaccination Screening Questionnaire, and return it to the patient
- c. Inject the vaccine
 - *1. Ask the patient if they have a sensitivity to skin sterilization using alcohol, and if so, use a non-alcohol wipe
 - *2. If the patient appears to be unwell after the injection, call the medical office
 - *3. If the "Field filled in by doctor" on the Prevaccination Screening Questionnaire says "2 minutes," direct the patient to apply pressure to the injection site for at least two minutes after the injection
- d. Direct the patient to the next station
 - * When it is time to begin using vaccines of a new lot number, contact the Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting Station (so that they know to change the vaccine lot number stickers they are using)

(2) Supplies

- None (other than medical equipment)

(3) Example station setup



Patients wait standing, distanced from one another



A nurse injects the vaccine

7. Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting Station (four persons)

(1) Tasks/workflow (one person for a., one person for b., one person for c., and one person for d., e., and f.)

- a. Ask for the Prevaccination Screening Questionnaire and Record of Vaccination form from the patient, apply lot number stickers to both, and return the forms to the patient (apply the stickers as shown below)

The diagram illustrates the application of lot number stickers to two forms: a vaccination record (①「接種記録書」) and a prevaccination screening questionnaire (②「予診票」).

①「接種記録書」 (Vaccination Record): This form includes fields for the patient's name, date of birth, and vaccination date. It also has a section for the vaccine name and lot number. A red dashed box highlights the area where the lot number sticker should be applied.

②「予診票」 (Prevaccination Screening Questionnaire): This form includes fields for the patient's name, date of birth, and vaccination date. It also has a section for the vaccine name and lot number. A red dashed box highlights the area where the lot number sticker should be applied.

Lot Number Stickers: The stickers are red and contain the following information: COVID-19ワクチンモデルナ製法 (COVID-19 Vaccine Moderna Manufacturing Method), Lot No. (Lot No.), and Expiry Date (有効期限). The stickers are applied to the forms as shown in the diagram.

Additional Information: A note on the right states: 「予診票に貼るシールは2枚余る。」 (There are 2 extra stickers to be pasted on the prevaccination screening questionnaire). A note at the bottom right states: ※3枚のうち何れか1枚を貼り付け (Attach one of the 3 stickers).

① Record of Vaccination form

② Prevaccination Screening Questionnaire

There are two extra Prevaccination Screening Questionnaire stickers.

Use one of the three Prevaccination Screening Questionnaire stickers

- b. Ask for the Record of Vaccination form from the patient, stamp it with the vaccination site name, stamp it with the vaccination date, and return it to the patient

*1. Check that the date on the date stamp is correct before beginning

- c. Ask for the Prevaccination Screening Questionnaire from the patient and, if they have received a vaccination voucher, apply one to the Prevaccination Screening Questionnaire and return it to the patient

*1. When few patients have vaccination vouchers, ask patients to stand between this station and the observation space and wait their turn; have the staff member in charge of b., above, apply any vouchers to the Prevaccination Screening Questionnaire

- d. Collect the Prevaccination Screening Questionnaire; fill out an observation end-time slip and give it to the patient

*1. If the “Field filled in by doctor” on the Prevaccination Screening Questionnaire

says “30 minutes,” write the time 30 minutes from the present time on the observation end-time slip

e. Direct the patient to the observation space

*1. If the “Field filled in by doctor” on the Prevaccination Screening Questionnaire says “30 minutes,” direct the patient to a seat near the medical office (near the nurse)

f. Double-check the company of the patient and the medical institution code on the Prevaccination Screening Questionnaire and store it temporarily in a brown box

* Procedures for sorting, ordering, transferring, boxing and submitting questionnaires after collection are as follows.

- Sort questionnaires into one of twenty boxes. There are ten boxes for ITOCHU or Poppins grouped by Japanese character (*A* row, *Ka* row, *Sa* row, etc.); nine boxes for companies A, B, C, D, E, F, G, H, and I (companies that have many employees in the building); and one box for “Other.”

- Each morning and afternoon, order the questionnaires within each of the 20 brown boxes by patient name (*a-i-u-e-o* order) and transfer them to clear folders labeled with the company name and date (20 folders are needed for Monday, Tuesday, Wednesday, and Friday mornings; 10 folders for Monday, Tuesday, Wednesday and Friday afternoons, and 10 folders for Thursdays)

- Check the total number of questionnaires, fill out and sign the Prevaccination Screening Questionnaire Collection Confirmation Sheet, put it into the file box (the yellow box) with the clear folders, and submit the box to the Health Office

- The Health Office checks the total number of questionnaires, fills out and signs the Prevaccination Screening Questionnaire Collection Confirmation Sheet, puts it into the file box with the clear folders, and submits the box to the Health Office

- The Health Office receives the file box, signs the Prevaccination Screening Questionnaire Collection Confirmation Sheet, and puts the sheet back into the box (but does not confirm the number of questionnaires)

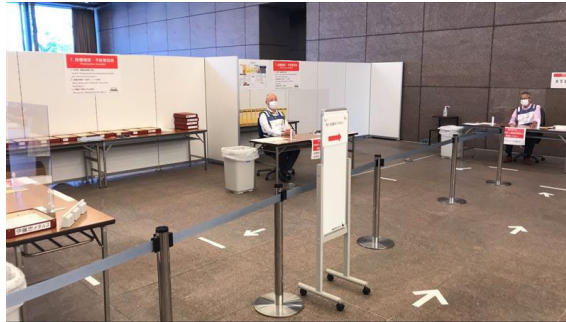
* If a patient begins to feel poorly in the vaccination or observation space, follow the instructions of the Medical Aid Officer and request assistance from the Preliminary Examination Station and the Health Office

(2) Supplies

- Vaccine lot number stickers
- Rubber stamp for stamping Record of Vaccination forms
- Observation end-time slips

- Brown boxes
- Clear folders
- File box
- Prevaccination Screening Questionnaire Collection Confirmation Sheets
- Pens, etc. (sanitized)

(3) Example station setup



Check and process documents in the order indicated by the arrows on the floor

8. Medical Aid Officer (one person)

(1) Tasks/workflow

* If a patient begins to feel poorly in the vaccination or observation space, administer any necessary emergency treatment and direct the Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting Station staff to request assistance from the Preliminary Examination Station and the Health Office

* If you call an ambulance, it should park on the slope at the entrance to the Itochu Garden parking lot; stretchers should be taken through the front entrance on the first floor

(2) Supplies

- Persons Ineligible to Be Vaccinated Sheets (Medical Aid Officer)

(3) Example station setup



Have a bed ready, a nurse on duty, and an AED on hand

9. Patient Observation and Observation End-Time Confirmation Station (one person)

(1) Tasks/workflow

- a. Observe patients, looking for any who appear to be unwell
 - *1. Direct patients not to talk (including phone conversations)
- b. When a patient requests to leave/approaches the exit, confirm that the time on their observation end-time slip has passed and, if so, give them permission to leave
- c. Direct patients to dispose of their observation end-time slips
 - *1. If the time on the patient's observation end-time slip has not yet passed, direct them to continue waiting
 - *2. Direct patients to the exit (after 16:00, the service exit is closed, so direct them to leave via the elevator to the first floor)
- d. Give patients blank Prevaccination Screening Questionnaires for use at their second vaccination
- e.

(2) Supplies

- Blank Prevaccination Screening Questionnaires

(3) Example station setup



Position for staff to stand

(where staff can both observe waiting patients and check observation end-time slips)

Patients check the time on the monitor and wait until their observation end-time

10. Operational Oversight Officer (one person)

(1) Tasks/workflow

- * Keep watch over the entire site and respond to irregularities
- * Every morning and afternoon, select five patients at random and measure the time it takes them to move through stations 1–7; fill out a Vaccination Site Operation Report Sheet, including information about any bottlenecks, and submit it to the Human Resources & General Affairs Division
- * Fill appointment vacancies left by cancellations as follows
 - At 14:45, check with the Vaccination Station staff to confirm the number of remaining vaccine doses
 - Ask the site volunteers if any of them would like to be vaccinated
 - Check with the Human Resources & General Affairs Division for appointment vacancies in four weeks and check that the volunteers who want to be vaccinated will be able to get their second dose then
 - Fill out the Cancel Fill-In Vaccine Recipient Sheet
 - Get the information about the recipients' first and second appointments from the system manager and convey it to the recipients
 - If there are still extra vaccine doses, contact the Human Resources & General Affairs Division to solicit employees who want to be vaccinated from the Human Resources & General Affairs Division
- * Each morning and afternoon, double-check the total number of Prevaccination Screening Questionnaires collected, fill out and sign the Prevaccination Screening Questionnaire Collection Confirmation Sheet, put it into the file box with the clear folders, and submit the box to the Health Office

(2) Supplies

- Vaccination Site Operation Report Sheet
- Cancel Fill-In Vaccine Recipient Sheet

*Please fill in or check the ☒ boxes inside the bold frame

Address on the resident card

Prefecture

City	Address
San Francisco	1234 Market Street
San Francisco	5678 Market Street
San Francisco	9012 Market Street
San Francisco	3456 Market Street
San Francisco	7890 Market Street
San Francisco	2345 Market Street
San Francisco	6789 Market Street
San Francisco	1011 Market Street
San Francisco	1213 Market Street
San Francisco	1415 Market Street
San Francisco	1617 Market Street
San Francisco	1819 Market Street
San Francisco	2021 Market Street
San Francisco	2223 Market Street
San Francisco	2425 Market Street
San Francisco	2627 Market Street
San Francisco	2829 Market Street
San Francisco	3031 Market Street
San Francisco	3233 Market Street
San Francisco	3435 Market Street
San Francisco	3637 Market Street
San Francisco	3839 Market Street
San Francisco	4041 Market Street
San Francisco	4243 Market Street
San Francisco	4445 Market Street
San Francisco	4647 Market Street
San Francisco	4849 Market Street
San Francisco	5051 Market Street
San Francisco	5253 Market Street
San Francisco	5455 Market Street
San Francisco	5657 Market Street
San Francisco	5859 Market Street
San Francisco	6061 Market Street
San Francisco	6263 Market Street
San Francisco	6465 Market Street
San Francisco	6667 Market Street
San Francisco	6869 Market Street
San Francisco	7071 Market Street
San Francisco	7273 Market Street
San Francisco	7475 Market Street
San Francisco	7677 Market Street
San Francisco	7879 Market Street
San Francisco	8081 Market Street
San Francisco	8283 Market Street
San Francisco	8485 Market Street
San Francisco	8687 Market Street
San Francisco	8889 Market Street
San Francisco	9091 Market Street
San Francisco	9293 Market Street
San Francisco	9495 Market Street
San Francisco	9697 Market Street
San Francisco	9899 Market Street

Phone number

Date of birth

Year Month Day (years old)

Male Female

Degrees

Question

Response field

Field filled in by doctor

Yes

No

Are you receiving the COVID-19 vaccine for the first time?

(If you have been vaccinated before, date of 1st time: MM/ DD, date of 2nd time: MM/ DD)

MM/ DD)

Is the city, town, or village where you currently reside the same as the city, town, or

village stated on the coupon?

Have you read the "Instructions for the COVID-19 vaccine" and do you understand the

effects and adverse side effects?

Do you fall into one of the target groups that have a higher priority for this vaccine?

Medical personnel, etc.

Person 65 years or older

Person 60 to 64 years old

Worker at a senior citizen facility, etc.

Person with an underlying disease (name of disease: _____)

Are you currently suffering from any kind of illness and receiving treatment or

medication?

Name of disease:

heart disease

kidney disease

<p>vaccine.</p> <p>I understand this and consent to this prevaccination Screening Questionnaire being submitted to the municipal government, the All-Japan Federation of National Health Insurance Organizations, and the National Health Insurance Organization.</p>
<p>Date:</p> <p>Signature of vaccinated person or their guardian</p> <p>(*If the person to be vaccinated is unable to sign the form by himself/herself, a representative must sign the form, and the representative's name and relationship to the person to be vaccinated must be indicated.)</p> <p>(*In the case of a person under 16 years of age, the form must be signed by the guardian; in the case of an adult ward, the form must be signed by the person himself/herself or the adult guardian.)</p>
<p>Field filled in by doctor</p> <p>Name of vaccine and lot number</p> <p>Seal position</p> <p>*Paste it straightly along with the frame.</p> <p>(Note: Make sure that the expiration date has not expired.)</p>
<p>Inoculation amount</p> <p>. ml</p>
<p>Vaccination location, name of doctor, and date of vaccination</p> <p>*Please fill in the medical institution code and vaccination date so that they fit within this field.</p>
<p>Vaccination location</p> <p>Name of doctor</p> <p>Medical institution code</p> <p>Date of vaccination</p> <p>*Example: April 1, 2021 →2021/04/01</p>
<p>Company name (* ITOCHU Corporation employees, including employees on loan, should write "ITOCHU Corporation"):</p>

<p>How to Fill Out the Prevaccination Screening Questionnaire</p> <p>* Do not use erasable pen</p>
<p>(1) Fill out the following</p> <p>a. Address</p>

b. Name c. Phone number d. Date of birth e. Age f. Gender
(2) Fill in your body temperature * Either that taken at the entrance or earlier today
(3) Answer the questions * May be left blank
(4) Check the box for "I wish to be vaccinated," write the date, and sign
(5) Write in the medical institution code and date of vaccination (these may be printed onto the form)
(6) Write your company Prevaccination Screening Questionnaires are sorted and managed by company, so please make sure to write your company outside the border at the bottom left
XXXXXX Co., Ltd.

Record of Vaccination for COVID-19
<p>1st dose</p> <p>Vaccination date (YYYY/MM/DD) 2021/ / (YYYY/MM/DD) 2021/ /</p> <p>Vaccination site Manufacturer/Lot No. (Apply sticker here)</p>
<p>2nd dose</p> <p>Name: Address: Date of birth (YYYY/MM/DD):</p>
<p>To Persons Who Have Received a COVID-19 Vaccine</p> <p><input type="radio"/> Please bring the above Record of Vaccination form when you receive your second vaccine dose, as another sticker will be applied to it. The Record of Vaccination form serves as a record of your vaccination, so please keep it for future use.</p> <p><input type="radio"/> If you need a proof of vaccination issued by your local municipality, please contact the municipality where your residence is registered (be advised that issuance may take time).</p> <p><input type="radio"/> When your vaccination voucher arrives from your local municipality, please bring it to the vaccination site you used or the company that organized the site.</p> <p><input type="radio"/> Please bring the Record of Vaccination form when you go to receive your second vaccine dose.</p> <p>Consultation about COVID-19 Vaccination</p> <p><input type="radio"/> About health-related irregularities after vaccination</p> <p><input type="checkbox"/> Contact the medical institution where you received your vaccine, your family doctor, or the help desk of your local municipality</p> <p><input type="radio"/> About compensation for health problems caused by vaccination</p> <p><input type="checkbox"/> Contact the department of your local municipality in charge of vaccination</p>

Record of Vaccination for COVID-19
1st dose Vaccination date (YYYY/MM/DD) 2021/ / (YYYY/MM/DD) 2021/ / Vaccination site Manufacturer/Lot No. (Apply sticker here)
2nd dose
Name: Address: Date of birth (YYYY/MM/DD):
Apply sticker at the time of vaccination
Write the vaccinate site here
To be filled in by the person receiving the vaccination

How to Fill Out the Record of Vaccination
Leave blank (vaccination site staff will apply stickers/fill in)
Fill in the following <ol style="list-style-type: none"> 1. Name 2. Address 3. Date of birth

Observation end-time slips: Workplace COVID-19 vaccination
End of observation (Please exit after the time shown below, according to the clock on the monitor by the observation area)
<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes

(Temperature Check and Sanitizing)
Persons Ineligible to Be Vaccinated Sheet: Workplace COVID-19 vaccination
About the person filling out this form

Name Company Employee no. Contact phone number Date (circle either AM or PM) / (AM / PM)
About persons ineligible to be vaccinated Name Company Employee no. Contact phone number Appointment no. Reason for ineligibility Vaccination appointment (circle either AM or PM) / (AM / PM)

(ID Verification and Reception)
Persons Ineligible to Be Vaccinated Sheet: Workplace COVID-19 vaccination
About the person filling out this form Name Company Employee no. Contact phone number Date (circle either AM or PM) / (AM / PM)
About persons ineligible to be vaccinated Name Company Employee no. Contact phone number Appointment no. Reason for ineligibility Vaccination appointment (circle either AM or PM) / (AM / PM)

(Preliminary Examination Guide)
Persons Ineligible to Be Vaccinated Sheet: Workplace COVID-19 vaccination
About the person filling out this form Name Company Employee no. Contact phone number Date (circle either AM or PM) / (AM / PM)
About persons ineligible to be vaccinated Name Company Employee no. Contact phone number Appointment no. Reason for ineligibility Vaccination appointment (circle either AM or PM) / (AM / PM)

Persons Ineligible to Be Vaccinated Sheet: Workplace COVID-19 vaccination
<p>About the person filling out this form</p> <p>Name</p> <p>Company</p> <p>Employee no.</p> <p>Contact phone number</p> <p>Date</p> <p>(circle either AM or PM)</p> <p>/ (AM / PM)</p>
<p>About persons ineligible to be vaccinated</p> <p>Name</p> <p>Company</p> <p>Employee no.</p> <p>Contact phone number</p> <p>Appointment no.</p> <p>Reason for ineligibility</p> <p>Vaccination appointment</p> <p>(circle either AM or PM)</p> <p>/ (AM / PM)</p>

<p>Re-Reservation Info Sheet: Workplace COVID-19 vaccination</p> <p>Due to your physical condition, discrepancy with your appointment, or other issues, you cannot be vaccinated today.</p> <p>The vaccination site staff will cancel your existing appointment in the system. Please make a new appointment.</p> <p>Note that, as with your original appointment, you will need to wait four weeks between your first and second vaccinations.</p>

Prevaccination Screening Questionnaire Points to Check at the Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting Station
If it says “30 minutes,” write the time 30 minutes from the present time on the observation end-time slip
Check for the name of the company the patient belongs to outside the form’s border and sort the form into the appropriate brown box
XXXXX Co., Ltd.

(Vaccine Confirmation and Prevaccination Screening Questionnaire Collection and Sorting)
Prevaccination Screening Questionnaire Collection Confirmation Sheet: Workplace COVID-19 vaccination
<p>About the person filling out this form</p> <p>Name</p> <p>Company</p> <p>Employee no.</p> <p>Contact phone number</p> <p>Personal seal</p> <p>(for confirmation of number of questionnaires)</p> <p>Date</p> <p>(circle either AM or PM)</p> <p> / (AM / PM)</p>
<p>Numbers of Prevaccination Screening Questionnaires</p> <p>ITOCHU Corporation or Poppins</p> <p>(circle one)</p> <p><i>A</i> row</p> <p><i>Ka</i> row</p> <p><i>Sa</i> row</p> <p><i>Ta</i> row</p> <p><i>Na</i> row</p> <p><i>Ha</i> row</p> <p><i>Ma</i> row</p> <p><i>Ya</i> row</p> <p><i>Ra</i> row</p> <p><i>Wa</i> row</p> <p>Total</p>
<p>Group companies, etc.</p> <p>(sort by company name)</p> <p>Company A</p> <p>Company B</p> <p>Company C</p> <p>Company D</p> <p>Company E</p>

Company F
Company G
Company H
Company I
Other
Total
Total
Seals of confirmation
Operational Oversight Officer (double-check of number of questionnaires)
Name
Signature/Seal
Health Office (receipt of questionnaires)
Name
Signature/Seal

(Operational Oversight Officer)
Cancel Fill-In Vaccine Recipient Sheet
About the person filling out this form Name Company Employee no. Contact phone number Date (circle either AM or PM) / (AM / PM)
About the persons filling in vacancies left by cancellations Company Employee no. Contact phone number Appointment no. Date (circle either AM or PM) / (AM / PM)

(Operational Oversight Officer)
Vaccination Site Operation Report Sheet: Workplace COVID-19 vaccination
About the person filling out this form Name Company Employee no. Contact phone number Date (circle either AM or PM) / (AM / PM)
Bottleneck steps Station Description Suggestions for improvement (optional) Date (circle either AM or PM) / (AM / PM)