

To those who have received **Vaxzevria**, a COVID-19 vaccine
for intramuscular injection

You should always carry this card with you.

If you have any of the following symptoms after receiving the vaccine,
please seek medical attention and make sure to present this card
to a physician, a pharmacist, or a nurse.

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|--|--|
| <input checked="" type="checkbox"/> Severe headache or persistent headache | <input checked="" type="checkbox"/> Chest pain |
| <input checked="" type="checkbox"/> Blurred vision | <input checked="" type="checkbox"/> Leg swelling and pain |
| <input checked="" type="checkbox"/> Shortness of breath | <input checked="" type="checkbox"/> Persistent abdominal pain |
| <input checked="" type="checkbox"/> Distraction | <input checked="" type="checkbox"/> Unusual skin bruising |
| <input checked="" type="checkbox"/> Convulsive seizures | <input checked="" type="checkbox"/> Petechial internal bleeding beyond the site of vaccination |

**Special attention should be paid to the symptoms listed above,
in particular, four to 28 days after the vaccination.**

To medical professionals who have received consultation

I have received **Vaxzevria**, a COVID-19 vaccine.

Date of vaccination	1st dose: (mm/dd/yyyy) / /	2nd dose: (mm/dd/yyyy) / /
Name		
Emergency contact information		



If there are any findings suggestive of thrombosis accompanied by thrombocytopenia, please access the related information by reading the 2D code or URL.

<https://azcovid-19.jp/TTS>

VAX026_01 B306

* This website is dedicated to medical professionals only. 2021年6月作成