

## Health questions (to avoid vaccination side effects)

Please answer each question with YES or NO by ticking the box on the right side!

	YES	NO
<ul style="list-style-type: none"><li>Were you/your child vaccinated in the past 4 weeks? If YES, against which disease(s): _____</li></ul>		
<ul style="list-style-type: none"><li>Is any surgical procedure planned within the next 2 weeks?</li></ul>		
<ul style="list-style-type: none"><li>Have you/has your child been ill in the past 14 days? If YES, which disease: _____</li></ul>		
<ul style="list-style-type: none"><li>Did you/your child have contact to persons with contagious diseases in the past 3 weeks? If yes, which diseases: _____</li></ul>		
<ul style="list-style-type: none"><li>Are you/your child under regular medical treatment? If YES, for which medical condition: _____</li></ul>		
<ul style="list-style-type: none"><li>Do you/Does your child take medication regularly? If YES; which medication(s): _____</li></ul>		
<ul style="list-style-type: none"><li>Do you/does your child have allergies? If YES, to what: _____</li></ul>		
<ul style="list-style-type: none"><li>Did you/your child experience complications after previous vaccinations? If YES, which ones _____</li></ul>		
<ul style="list-style-type: none"><li>For women: Are you pregnant?</li></ul>		

## DECLARATION OF INFORMED CONSENT TO VACCINATIONS AGAINST

*Einverständniserklärung zur Impfung gegen*

I hereby agree to be vaccinated/to have my child <sup>b</sup> vaccinated against the disease(s) listed above.  
Details of the person to be vaccinated:

\_\_\_\_\_  
Last name - *Familiennamen*

\_\_\_\_\_  
First name(s) – *Vorname(n)*

\_\_\_\_\_  
Date of birth – *Geburtsdatum*

\_\_\_\_\_  
Current address - *Derzeitige Adresse*

I confirm that I have read and understood the information regarding vaccinations. Benefits and risks of vaccinations were explained to me in sufficient detail. I have no further questions about the information presented in the flyer.

\_\_\_\_\_  
Date - *Datum*

\_\_\_\_\_  
Signature of the person to be vaccinated / the parent or guardian <sup>b</sup>  
*Unterschrift des Impflings / des Erziehungsberechtigten*

<sup>b</sup> Delete as appropriate