Medical history

mRNA

for preventive vaccination against COVID-19 (Coronavirus Disease 2019) – with mRNA vaccines –

(Comirnaty® from BioNTech/Pfizer and Spikevax®, formerly COVID-19 Vaccine Moderna® from Moderna)

date: 19. Oktober 2021

name of person (last name, first name) _____

date of birth _____

address _____

1. 1. Do you (1) currently have an acute illness with fever?
   ☐ yes ☐ no
2. Have you (1) been vaccinated within the last 14 days?
   ☐ yes ☐ no
3. Have you (1) already been vaccinated against COVID-19?
   ☐ yes ☐ no

   If yes, when and with which vaccine? Date: _____ vaccine: _____

   Date:: _____ vaccine: _____

   (Please bring your vaccination card or other proof of vaccination to your vaccination appointment.)
4. In the event you1 have already received one COVID-19 vaccine dose: Did you (1) develop an allergic reaction thereafter?
   ☐ yes ☐ no
5. Has it been reliably proven that you (1) were infected with the novel coronavirus (SARS-CoV-2) in the past?

   ☐ yes ☐ no

   if yes, when? _____

   (After infection with SARS-CoV-2, vaccination is recommended 4 weeks to 6 months after diagnosis. Please bring proof to your vaccination appointment.)
6. Do you (1) have chronic diseases or do you suffer from immunodeficiency (e.g. due to chemotherapy, immunosuppressive therapy or other medications)?
   ☐ yes ☐ no

   If yes, which? _____
7. Do you (1) suffer from a coagulation disorder or do you take blood-thinning medication?
   ☐ yes ☐ no
8. Do you (1) have any known allergies?
   ☐ yes ☐ no

   If yes, which? _____
9. Have you (1) ever experienced allergic symptoms, high fever, fainting spells or other uncommon reactions following a previous different vaccination?
   ☐ yes ☐ no

   If yes, which? _____
10. Are you (1) pregnant?(Vaccination is recommended after the second trimester of pregnancy)
    If yes, in which month of pregnancy?
    ☐ yes week _____ ☐ no

(1) This will potentially be answered by the legal representative.

Declaration of Consent

for preventive vaccination against COVID-19 (Coronavirus Disease 2019)

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– with mRNA vaccines –

(Comirnaty® from BioNTech/Pfizer and Spikevax®, formerly COVID-19 Vaccine Moderna® from Moderna)

date: 19. Oktober 2021

Name of the person to be vaccinated (surname, first name): _____

Date of birth: _____

Address: _____

I have taken note of the contents of the information sheet and had the opportunity to have a detailed discussion with my practitioner administering the vaccine.

I have no further questions and expressly renounce the medical clarification discussion. Ich willige

I consent to the recommended vaccine against COVID-19 with mRNA vaccine.

I refuse the vaccine.

Annotations: _____

Place, date: _____

_____ _____

Signature of the person to receive the vaccine Signature of the practitioner

If the person to be vaccinated is not competent to provide consent:
Additionally for custodians: I declare that I have been authorised to provide consent by any other persons entitled to custody.

_____

Signature of the person authorised to provide consent (custodian, legal care provider or guardian)

If the person to be vaccinated is not competent to provide consent, please also provide the name and contact details of the person authorised to provide consent (custodian, legal care provider or guardian):

Surname, first name: _____

Telephone no.: _____ E-mail: _____

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