

PREVACCINATION CHECKLIST FOR COVID-19 VACCINATION



Name and Surname -----

Date of birth -----

Phone number / e-mail -----

Body temperature*

This checklist will help the healthcare professional to assess your **current health condition** and circumstances that could have an impact on your planned covid-19 vaccination.

Please review the checklist thoroughly and respond **truthfully**. If you answer „yes“ to any question, **it does not necessarily mean** you should not be vaccinated. If a question is not clear, please ask the healthcare professional at the vaccination center to explain and help you with relevant answers.

	YES	NO
<input type="checkbox"/> Are you feeling sick now?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have you ever had covid-19 or have you ever had a positive PCR test for covid-19?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have you ever received a dose of covid-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have you ever had a severe allergic reaction to another vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do you have a bleeding disorder or are you taking a blood thinner?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Do you have a severely weakened immune system?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Are you pregnant or breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Have you received any vaccine in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

By attaching my signature to this checklist below I confirm that **I have not withheld any information** about my health condition; and **I understand the information** about covid-19 vaccination provided, including possible side effects.

Date

Date

signature of vaccinated person

stamp and signature
of healthcare professional

*Recorded only if body temperature is being measured at the vaccination center.