



DATE

Surname, Forename

Date of birth

Health insurance

Questions and information regarding vaccinations with inactivated vaccines / dead vaccines (including combined vaccines)

such as tetanus, diphtheria, hep A, hep B, meningococcal disease, polio, influenza etc.

Before administering the vaccination, the following information is requested:

1. Does the vaccine recipient have an acute disease?

yes no

2. Does the vaccine recipient suffer from any other severe disease?

yes no

if yes, which:

3. Is the vaccine recipient affected by a blood clotting disorder or does he/she take blood-thinning medications?

yes no

4. Has the vaccine recipient had a nervous system disease or is he/she suffering from convulsions?

yes no

5. Has the vaccine recipient any known allergies (for example, to chicken egg white or antibiotics)?

yes

no

if yes, which:

6. Did the vaccine recipient experience any allergic reactions, high fever or other unusual reactions after a previous vaccination?

yes no

if yes, which:

7. For vaccinations in women of childbearing potential: Are you currently pregnant?

yes no

Additional questions and information about vaccinations with live vaccines

(including combined vaccines)

such as MMR, varicella, yellow fever, etc.

Before administering the vaccination, the following information is requested:

8. Does the vaccine recipient have an immunodeficiency disease (acquired, congenital, drug-induced)?

yes no

9. Did the vaccine recipient receive immunoglobulin (gamma globulin) or a blood transfusion in the past 3 months?

yes no

10. Was the vaccine recipient vaccinated in the past 4 weeks or is there a vaccination against other diseases planned in the next 4 weeks?

yes no

if yes, which ones and when:

11. Before yellow fever vaccination: Does the vaccine recipient have thymus disease or has his/her thymus gland been removed?

yes no

12. For yellow fever vaccination only: Are you currently breastfeeding? (Yellow fever vaccine should be avoided in breastfeeding women.)

yes no

Declaration of consent

Name of vaccine recipient.....

Date of birth.....

Date.....

Vaccination against (please tick / add as appropriate)

FSME Version 2023-05

Influenza-cell culture_WZ_2021-08

Cholera Version 1908

Dengue Version 2023-02

Hepatitis A Version 2023-03

Hepatitis B Version 2023-05

Hepatitis A/B Version 2023-07

Hepatitis A/Typhus Version 2023-05

HPV Version 2023-07

Influenza high-dose Version 2023-08

Influenza tetavalent Version 2023-08

Jap. encephalitis Version 2023-05

MMR Version 2023-07

MMR-V Version 2023-07

Meningococcal ACWY disease Version 2023-05

Meningococcal B disease Version 2023-05

Meningococcal C disease Version 2023-05

Pneumococcal disease (conj.)Version 2023-07

Pneumococcal disease (polysaccharide) Version 2022 - 11

Poliomyelitis (IPV) Version 2021-08

Tdap-IPV (4-fold) Version 2022 - 11

Tdap (3-fold) Version 2023-07

Rabies Version 2023-05

Typhus Version 2023-05

Varicella Version 2022-05

Zoster live Vaccine 2021-08
dead Vaccine 2023-05

Td-IPV Version 2023-05

Other vaccinations/ combined vaccines.....

The above vaccination(s) has/have been explained to me in detail during a consultation with my doctor and on the basis of a patient information sheet or information leaflet.

I have no further questions.

I give my consent to the recommended vaccination(s).

I refuse the vaccination(s). I have been informed about possible disadvantages of refusing.

Name of vaccine recipient.....

Place, Date.....

Signature of vaccine recipient or legal guardian

Doctor's signature