

Anamnesis and consent form

Given names: _____

Date of birth: _____

Address: _____

1. Do you suffer from fever or do you feel sick?
 Yes No
2. How many vaccine doses against covid-19 did you receive?
___ (number) none
3. Did you receive your first dose with the Jcovden® (COVID-19 Vaccine Janssen) vaccine by Johnson & Johnson?
 Yes No
4. Did you recover from a verified covid-19 infection?
 Yes _____(date of the latest infection) No
5. Did you ever have an uncommon reaction caused by vaccination? If yes, please specify your symptoms.
 Yes _____ No
6. Are you pregnant?
 Yes ___(week) No n/a

I fully read and understood the information handout (handout is provided on the tables)

I consent to the recommended vaccination against covid-19

Vaccinee signature

Only for vaccinees unable to give consent
(for custodians, authorised pension representatives or caretakers)

Name authorised person

Signature

Impfbescheinigung

Certificate of vaccination
Zur Schutzimpfung gegen

Covid-19

(Corona Virus Disease 2019)

(physicians only)

Used vaccine:

- Comirnaty®(BioNTech/Pfizer) Spikevax® (Vaccine Moderna) Grundimmunisierung
- Comirnaty Original/Omicron BA.1®
(BioNTech/Pfizer) Spikevax® (Vaccine Moderna) Booster
- Comirnaty Original/Omicron B.4-5®
(BioNTech/Pfizer) Spikevax bivalent Original/Omicron BA.1® (Vaccine Moderna)
- Comirnaty® Kinder (BioNTech/Pfizer)
- Nuvaxovid® (Novavax)
- Valneva® (Valneva)

Date	
ID checked	
Anamnesis & consent form signed	
Suitability to receive vaccine checked	
Vaccination administered	

Lot no. (label if provided)	
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Stamp & signature physician