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| --- | --- | --- | --- | --- | --- | --- |
| Name: | | Civic reg. no.: | | | | |
| Telephone number: | | | | | | |
| Employer: | | | | | | |
| **Before your vaccination, please answer the following questions:** | | | | | | |
| 1. Do you have a fever or an acute infection now? | | | | | YES | NO |
| 2. Have you ever had any problems with vaccinations? | | | | | YES | NO |
| 3. Do you have allergies that have ever given you severe reactions for which you have needed  hospital care? | | | | | YES | NO |
| 4. Are you allergic to eggs? | | | | | YES | NO |
| 5. Do you have any diseases?  If YES, which one(s)? | | | | | YES | NO |
| 6. Do you take any medications?  If YES, which one(s)? | | | | | YES | NO |
| 7. Are you pregnant? | | | | | YES | NO |
| 8. Have you recently had any other vaccinations (within the past month)? | | | | | YES | NO |
| 9. Do you have any bloodborne diseases (Hepatitis B, Hepatitis C, or HIV)? | | | | | YES | NO |
| Date: | Signature employee: | | | | | |
| Date of vaccination: | Vaccinator: | | | | | |
| Vaccine: | Prescriber: | | | | | |
| Dose: | Route of administration: | | IM right arm | IM left arm | | |
| Batch-/Lot number: | Other localisation, if applicable: | | | | | |
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