



Declaration of Consent for a Vaccination against Influenza A(H1N1)

Please fill out in block capitals.

Name: First name:

Date of birth:

Street:

Postcode: Town:

No. of Health Insurer (acc. to insurance card):

No. of Insured Person (acc. to insurance card):

With my signature I confirm that I work at a health or care centre, or for the
rescue services – the fire service or the police.

With my signature I confirm that I suffer from an illness which entitles me to be
vaccinated on a preferential basis.

I do not belong to either group.

I have read and understood the information sheet	~ yes	~ no
I would like to speak to the doctor	~ yes	~ no
I have fever (body temperature over 38°C)	~ yes	~ no
I have already had an allergic reaction to a vaccination	~ yes	~ no
I am over-sensitive to chicken protein	~ yes	~ no
I take anti-coagulation medication	~ yes	~ no
I am pregnant	~ yes	~ no
Only for children younger than 10 years:	~ 1st	~ 2nd

I have no further questions and would like to be vaccinated.

Date and Signature :

Vaccine documentation (to be filled in by the vaccination centre)

Vaccine:

1. Dosage ~ Date Batch No.

2. Dosage ~ Date Batch No.

Address of vaccination centre (stamp)

Name and signature of doctor

(Original for vaccinated person, copy for vaccination centre)