



VACCINATION SURVEY

qualifying medical examination

THE TEST SHOULD BE PERFORMED ON THE SAME DAY (NOT LATER THAN 24 HOURS) AFTER QUALIFICATION BY AN AUTHORIZED DOCTOR

Patients name and surname..... Age..... Date of birth..... ID number

type of vaccination..... Suggested vaccine

The number of vaccine doses was reported: YES / NO

SURVEY

1. Have you been vaccinated in the last four weeks?

- YES (when, which vaccine?).....
 NO

2. Have you ever had side effects after vaccination??

- YES (which ones).....
 NO

3. Have you had any recent infections?

- YES (when, what drugs were administered?).....
 NO

4. Are you chronically ill?

- YES (what is the condition, what medications do you take?).....
 NO

5. Have you been in hospital in the last three months?

- YES (Have you had blood transfusions or blood products?).....
 NO

6. Are you allergic to anything?

- YES (or also for chicken eggs, neomycin?).....
 NO

7. Are you desensitized?

- YES (when was the last dose?).....
 NO

8. Do you suffer from sickle cell anemia or other blood diseases, including coagulation disorders?

- YES
 NO

9. Only for woman! Are you pregnant or are you planning to do so in the near future?

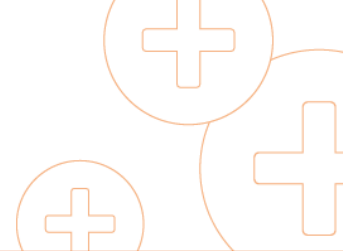
- YES
 NO

10. INFORMATION RELATING TO THE PREVIOUS VACCINATION

Date of previous vaccination.....

Name of vaccine.....

Dose.....



MEDICAL REPORT

THE PATIENT MAY BE VACCINATED – YES / NO

The date of the next vaccination in this cycle.....

Hour.....

Date.....

.....
(signature and stamp of the doctor)

Due to their own safety, the Patient should stay at the clinic for 30 minutes after vaccination. I confirm that I had the opportunity to ask the doctor about the method of performing the medical service, its purposefulness and possible complications and that I received comprehensive, understandable and satisfactory answers. I confirm compliance and consent to vaccination.

Date and patient's signature*
Date and signature of the legal representative*
Date and signature of the actual guardian*

*delete as appropriate