



workdoes.de

Betriebsmedizin und mehr

D-36100 Petersberg Kreuzgrundweg 1 Tel: 0661 – 410 95 7 95
D-34270 Schauenburg Werrastraße 11 Fax: 0661 – 410 95 7 94

Dear Sir or Madam,

as your occupational health care team, we are planning the vaccination or booster vaccination against Covid-19 in your company or our practice.

- The vaccines we use are the mRNA vaccines from BioNTech (Comirnaty) and Moderna (SpikeVax) (depending on availability).

Employees, their direct partners and children as well as our patients can participate in the campaign. In the event of a vaccine shortage, we may unfortunately have to exclude partners from vaccination, even for a short period of time.

The Permanent Vaccination Commission currently (still) recommends the 4th booster only for people over 60 years of age or at-risk patients (from 5 years of age) with pre-existing diseases or particularly exposed due to many contacts, such as residents/caregivers/staff in care facilities.

Who will not be vaccinated by us on the vaccination date ?

- Pregnant women (please check vaccination with your gynaecologist)
- No employees with significant pre-existing conditions (especially coagulation disorders, severe allergy sufferers with the risk of anaphylactic shock, etc.).
- No currently acutely ill or febrile employees (you can make a vaccination appointment in our practice after recovery and catch up on the vaccination).
- No employees who have received a live vaccine inoculation in the last two weeks

Vaccination is safe - but not always necessarily well tolerated. We see that vaccination reactions occur more frequently and more severely than with other vaccinations (such as flu vaccination). In very rare cases, thrombosis with thrombocytopenia has also been observed after administration of BioNTech. Allergic reactions have also been reported. Before vaccination, please inform yourself online at the RKI about corresponding side effects and/or clarify any questions/concerns with your family doctor.

What is the procedure ?

- ➔ You will only be vaccinated if you attend your appointment on time and the relevant documents are complete. Due to time constraints, our team will otherwise have to exclude you from the vaccination campaign.
- ➔ Completely filled out consent form (we do NOT carry out detailed information sessions at the vaccination appointment. If you have any known pre-existing conditions or if you have any further questions, please clarify these in advance with your family doctor, who knows you and is informed about your pre-existing conditions. The family doctor can bill such a consultation and, if necessary, also vaccinate you against Covid-19. Alternatively, you can also receive the vaccination during the vaccination campaign in your company or at our company after you have been informed by your family doctor. Please bring a certificate from your family doctor stating that there are no medical objections to vaccination.)
- ➔ You wear an FFP2 protective mask (over nose and mouth); surgical masks are not accepted !

At the vaccination appointment, we check that consent and the vaccination certificate as well as an identification document are available. You will then be vaccinated and should watch out for possible acute side effects for 15-30min. Monitoring is organised by your company or in our practices.

As the vaccination recommendations of the StIKo are constantly changing, we are not liable for any incorrect information.



workdoes.de

Betriebsmedizin und mehr

D-36100 Petersberg Kreuzgrundweg 1 Tel: 0661 – 410 95 7 95
D-34270 Schauenburg Werrastraße 11 Fax: 0661 – 410 95 7 94

Watch out for side effects in the days after vaccination. "Normal" are mild headaches as well as mild fever or aching limbs (especially at the injection site). A "Covid 19 arm" has been described - patients reported pain in the whole arm.

The most serious symptoms are severe headaches and pinpoint haemorrhages under the skin (possibly over the entire body), which may appear red or blue (like small pinpricks). In this case, you should see a doctor IMMEDIATELY and have a thrombosis or a drop in blood platelets (thrombocytopenia) ruled out.

Please understand that we do not have time for questions or detailed explanations on vaccination day, as a large number of people are to be vaccinated. Therefore, clarify questions in advance (e.g. with your family doctor) and/or inform yourself at the links of the Robert Koch Institute mentioned below and read the explanations there carefully.

Documents in your national language are available on the internet for foreign employees:

<https://www.rki.de/DE/Content/Infekt/Impfen/Materialien/COVID-19-Aufklaerungsbogen-Tab.html>

Please note (new since September 2022):

Basic immunisations (i.e. the first two protective vaccinations) are carried out with the "old familiar" vaccines from BioNTech or Moderna. For booster vaccinations (i.e. 3rd/4th/5th vaccination), new vaccines have been approved (however, these can NOT be used for basic immunisation), which have been specially adapted for the viruses currently prevalent in Germany (Corona Omikron BA.4 and BA.5).

This means for you:

- - **For basic vaccination:** two (2) vaccinations with the basic vaccine of BioNTech or Moderna or a previous vaccination Johnson&Johnson and a vaccination with BioNTech/Moderna are necessary.
 - - **For booster vaccinations:** can be carried out with all approved vaccines from BioNTech or Moderna - the very latest BA.4/BA.5 vaccines are of course recommended.
- ➔ **- From 1.10.2022,** to obtain the status of "fully vaccinated", the basic vaccination (two vaccinations) AND a booster vaccination are required (i.e. a total of three vaccinations). Otherwise, you will no longer be considered "fully vaccinated". However, every contact with virus or vaccine now counts as a "vaccination event".
- ➔ i.e. infection (detection by PCR necessary) plus two vaccinations with mRNA vaccine
- ➔ Johnson & Johnson vaccinated persons also need a total of three (3) vaccinations/contacts, i.e. if necessary, two further vaccinations with mRNA vaccines

Further information:

How does an mRNA vaccine work ?

<https://www.youtube.com/watch?v=rqbOZF5QkkQ>

How does a Corona vaccination work ?

<https://www.youtube.com/watch?v=l4raNRvEqqI>

Late effects of Covid 19 vaccination ?

<https://www.youtube.com/watch?v=Z9CHJf0rHXw>

Covid 19 vaccination educational video

<https://www.youtube.com/watch?v=deu2bcY0qJA>

Questions about BioNTech vaccine

<https://biontech.de/de/covid-19>

As the vaccination recommendations of the StIKo are constantly changing, we are not liable for any incorrect information.



workdoes.de

Betriebsmedizin und mehr

D-36100 Petersberg Kreuzgrundweg 1 Tel: 0661 – 410 95 7 95
D-34270 Schauenburg Werrastraße 11 Fax: 0661 – 410 95 7 94

Declaration of consent:

I am concerned with:

Basic immunisation (so far I have not received a corona vaccination)

Booster (I have a basic immunisation and would now like to refresh it.)

1.Booster **2. Booster** **3.Booster**

Child vaccination (from 5.years)

Basic immunisation

Booster (possible in consultation with a doctor if there is a risk)

Name/Pre-name: _____

Birthdate: _____

Address: _____

Age: _____ Years

I am participating in the vaccination campaign against Covid-19 in my company/practice. I have the relevant documents

- Information sheet
- Consent form

in advance (at least 48 hours before vaccination) and have read and understood them carefully. I have informed myself online at the RKI about any contraindications/side effects. I have clarified any questions about previous illnesses, etc. in advance (e.g. with my family doctor). I have informed myself in detail about possible side effects of the vaccination (such as headaches, fever, pain in the limbs, symptoms of paralysis, in very rare cases thrombosis (blood clots) and even death) and agree to the vaccination. There are no restrictions or contraindications to vaccination. I wish to be vaccinated even if this is not recommended by the StIKo (4th/5th booster).

I do not have any further questions at the vaccination appointment and also expressly waive an explanatory talk with the company doctor.

I expressly release the occupational health team from any claims regarding any incomplete information.

I also declare that I

- am not pregnant
- there has never been a vaccination reaction (allergic shock, etc.) in the context of vaccinations.
- has occurred
- have not received any other vaccination(s) in the last 14 days
- I am over 5 years old or my legal guardians are accompanying me and have agreed to the vaccination.
- I am not currently ill

Date:

Signature: (If applicable, BOTH legal guardians)

As the vaccination recommendations of the StIKo are constantly changing, we are not liable for any incorrect information.