

Mandatory information

Last name		Date of birth	
First name			
Street			
Postcode, City			
Department		Department Nr. (if available)	

Questions concerning the flu vaccination:	Yes	No
Have you had any health problems with or after previous vaccinations? i.e.: allergic reactions (skin rashes, shortness of breath, swelling of the face or tongue)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you react allergically to chicken protein, Octoxinol-9, Polysorbat 80, Sucrose or formaldehyde? (Please underline applicable - if known)	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have any health problems?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from serious chronic diseases?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an operation scheduled for you within the next two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from an immune system disease? Are you currently (or in the past three months) taking medication that suppresses the immune system, e.g. steroids?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in the process of hyposensitizing? (Between the vaccination and the last hyposensitization injection at least one to two weeks should pass)	<input type="checkbox"/>	<input type="checkbox"/>
Are you suffering from a blood clotting disorder or are taking anticoagulant medication (e.g. Marcumar)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or currently breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
If you are over 60 years old: I would prefer to receive the high-dose flu vaccine (Efluelda®).	<input type="checkbox"/>	<input type="checkbox"/>

Letter of consent:

I have taken note of the contents of the fact sheet on vaccination. I have clarified any further questions with the vaccination doctor.

- ☐ I have no further questions and agree with the vaccination.
- ☐ I reject the vaccination.

Date, Signature (for minors of the legal guardians)

Note for customer information according to Art. 13 DSGVO

Customer information in accordance with Art. 13 DSGVO for data protection in occupational medicine is disbursed for complimentary access in all occupational medicine centres. In addition, each doctor for occupational medicine has this information available while on an outside appointment as well as in an appropriate place for viewing, depending on the customer. You can also download this information from our homepage

<https://www.medical-airport-service.de/leistungen/medizin>

Due to the very rare allergic reactions, it is recommended to remain in the vaccination site or under medical supervision for about 30 minutes after the vaccination.

Please bring your vaccination certificate with you!

Vaccination documentation:		
Date:	Vaccine: Batch-No.:	Vaccinator: