Bundesministerium
Soziales, Gesundheit, Pflege
und Konsumentenschutz

Information and documentation form for vaccinations

Please complete the mandatory fields for the vaccination register (marked with "*") under all circumstances.

Informative, non-authoritative translation! Don't fill in!

Version 1.0, as at: 13/04/2022

Personal data of the person to be vaccinated – Name of vaccine

Surname*

First name*

Social insurance number (all 10 digits)*

Date of birth (DD/MM/YYYY)*

Sex* ◯ female ◯ male ◯ diverse ◯ inter ◯ undecided ◯ no entry

Address (postcode, place, street, house number, block, door number)

Telephone number

Email address

Name of legal representative, if applicable

Please answer the following questions for the person to be vaccinated

If the person to be vaccinated has had an illness or received other vaccinations between filling out the informed consent and the actual vaccination appointment, please inform the doctor before the vaccination. All vaccination records (vaccination certificate, vaccination card) of the person to be vaccinated should be presented at the vaccination appointment.

Tick as applicable

1. During the last 7 days, has the person to be vaccinated been suffering, or is still suffering, from any **acute disease or infection** (e.g. fever, cough, common cold, sore throat, others)? ◯ Yes ◯ No

If yes, from what?

2. Is the person to be vaccinated **allergic to any medication** or to an **ingredient of the vaccine** (see information leaflet)? ◯ Yes ◯ No

If yes, which?

3. Has the person to be vaccinated ever had any **allergic shock involving a drop in blood pressure, pronounced respiratory distress** or **collapse**? ◯ Yes ◯ No

If yes, to what?

4. Has the person to be vaccinated been **vaccinated against any other disease within the past 4 weeks**, or is the person to be vaccinated currently undergoing any **allergen-specific immunotherapy / hyposensitization therapy**? ◯ Yes ◯ No

If yes, which and when?

5. Has the person to be vaccinated received any **blood, blood products** or **immunoglobulins** during the **past 3 months**? ◯ Yes ◯ No

If yes, which and when?

6. Is the person to be vaccinated regularly taking any **blood-thinning medication**? ◯ Yes ◯ No

If yes, which?

7. Is the person to be vaccinated currently undergoing any **chemotherapy** and/or **radiotherapy** or is the person to be vaccinated taking any **immunosuppressive drugs** (e.g. cortisol)? ◯ Yes ◯ No

If yes, which?

8. Has the person to be vaccinated ever experienced **any complaints or adverse effects after being vaccinated** in the past (except for minor local reactions such as redness, swelling, pain at the injection site or a touch of fever)? ◯ Yes ◯ No

If yes, after which vaccination and what kind of reactions?

9. Is the person to be vaccinated suffering from any **severe** or **chronic diseases** (e.g. immunodeficiency, cancer, autoimmune disorder, bleeding disorder, chronic inflammatory diseases)? ◯ Yes ◯ No

If yes, which?

10. Has **surgery** been performed recently on the person to be vaccinated, or is the person to be vaccinated planning to undergo surgery any time soon? ◯ Yes ◯ No

If yes, when?

11. Is the person to be vaccinated **pregnant**? ◯ Yes ◯ No

If yes, how far along?

Declaration of consent to be vaccinated

Version 1.0, as at: 13/04/2022

The relevant, up-to-date and complete version of the information leaflet of the vaccine is part of this information and documentation form and is to be made available electronically, upon request also on paper.

Information leaflets of the vaccines that are provided within the free vaccination programme of the federal government, the federal Länder and the social insurance providers, are available at::
https://www.sozialministerium.at/Themen/Gesundheit/Impfen/Gebrauchsinformationen-der-Impfstoffe-im-kostenfreien-Impfprogramm.html

Should you have any further questions, please get in touch with your doctor.

With my signature I confirm:

- that I have read and understood the information leaflet regarding the vaccine described therein, or that I was otherwise provided with sufficient information about the same. I have been able to obtain information about potential adverse effects and possible arguments why I should not be vaccinated.
- that I am appropriately aware of the benefits and risks of the vaccination and accordingly do not require any further personal consultation,
- that I consent to being vaccinated, and
- that I am aware that my personal data are going to be processed in the vaccination register in accordance with the Gesundheitstelematikgesetz 2012 (see https://www.elga.gv.at/datenschutzerklaerung).

Should you have any further questions, please get in touch with your doctor before signing this form.

If it is not possible to speak with the vaccinator on site (e.g. in case of vaccinations at school), please contact the medical service/public health department of your competent local administrative authority and sign the informed consent only after having obtained sufficient information.

For underage persons (children under the age of 14) or persons under disability, consent must be obtained from the legal representative (parents, legal guardians or authorised agents) of the person to be vaccinated. Adolescents (mature underage persons who have completed the age of 14) may give their consent themselves if they are capable of making decisions.

Date (DD/MM/YYYY)	Signature of the person to be vaccinated or their legal representative

Important information: For your own safety, you should stay near the vaccinating doctor for some 20 minutes, on the off chance of any reactions occurring (nausea, collapse, allergic reactions etc.).
AIf you suspect to experience any adverse reactions, please contact your doctor or pharmacist. They are obliged to report any suspected adverse reactions. However, you or members of your family may report adverse reactions as well. More information is available online at https://www.basg.gv.at/marktbeobachtung/meldewesen/nebenwirkungen or you can also call 0800 555 621.

If a vaccination appointment is missed, it should be rescheduled for the earliest possible date. For further information please refer to the vaccination information brochure or the website of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection www.sozialministerium.at under the heading "Vaccination".

Please note: Leave this section blank – To be completed by the vaccination centre only

Vaccination centre/organisation (contract partner number, if available)*

Room for doctor's remarks

Agreed vaccine*

☐ Prepared by third party

○ Left upper arm
○ Right upper arm

Batch number (LOT or Ch.B)*

Date of vaccination (DD/MM/YYYY)*

Name of physician in charge*

Name of person administering the vaccine (if not the same as physician in charge)

☐ The citizen cannot clearly be identified

Signature of physician in charge