## Bundesministerium Soziales, Gesundheit, Pflege und Konsumentenschutz

## Information and documentation form for vaccination

Please complete the mandatory fields (marked with "\*") for the vaccination register.

Version 3, as at: 17/07/2024

Personal data of the person to be vaccinated – N	ame of vaccine
Surname*	First name*
Social insurance number (all 10 digits)*	Date of birth (DD/MM/YYYY)*
Gender*	inter open no entry
Address (postcode, town, street, house number, staircase, door number)	Telephone number
Email address	If applicable, name of legal representative
Please answer the following questions for the per If the person to be vaccinated has had an illness or received other vaccin	
•	ations between mining out the informed consent form and the actual n. All vaccination records (e.g. vaccination passport, vaccination certificate,
vaccination card) of the person to be vaccinated should be presented at	
1. In the past 7 days, has the person to be vaccinated been suffering, or a	Tick as applicable are they still suffering, from any <b>acute</b>
illness or infection (e.g. fever, cough, common cold, sore throat, other)?	( Yes ( No
If yes, please provide details.	
2. Is the person to be vaccinated allergic to any medication or to an ing	redient in the vaccine (see information leaflet)? Yes No
If yes, please provide details.	
3. Has the person to be vaccinated ever experienced an allergic shock in breathlessness or collapse?	nvolving a drop in blood pressure, severe Yes No
If yes, please provide details.	
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 immunother	rapy/hyposensitization therapy? Yes No
If yes, please provide details.	
5. Has the person to be vaccinated received any blood, blood products	or immunoglobulins in the past 3 months? Yes No
If yes, please provide details.	les () les
6. Does the person to be vaccinated regularly take any <b>blood-thinning</b> m	nedication? Yes No
If yes, please provide details.	
7. Is the person to be vaccinated currently undergoing any chemotherap	y and/or <b>radiotherapy</b> or is the person to be
vaccinated taking any immunosuppressive drugs (e.g. cortisone)?	Yes No
If yes, please provide details.	
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 tl	he injection site or a slight fever)?
If yes, how did they react and which vaccination caused this reaction?	
9. Is the person to be vaccinated suffering from any severe or chronic dis	seases (e.g. immunodeficiency, cancer, autoimmune
disorder, blood clotting disorder, chronic inflammatory diseases)?	○ Yes ○ No
If yes, please provide details.	
10. Has the person to be vaccinated recently had surgery or are they pla	nning to undergo surgery in the near future? Yes No
If yes, please provide details.	
ii yos, piease provide details.	
11. Is the person to be vaccinated <b>pregnant</b> ?	○ Yes ○ No
If yes, how many weeks pregnant are they?	

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

Vaccine information leaflets that are provided as part of the public vaccination programmes run by the federal government, the federal Länder and the social insurance providers, are available at: https://www.sozialministerium.at/en/Topics/Health/covid19.html



The use of vaccines outside the terms of their licence is recommended by the Austrian National Vaccination Board in some cases in order to give the persons to be vaccinated the best possible evidence-based treatment. Any off-label use entails increased due diligence obligations and specific information disclosure requirements.

For further information and the relevant vaccine recommendations for Austria, please refer to the vaccination information brochure or to the website of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection at: www.sozialministerium.at/impfen.



## Should you have any further questions, please get in touch with your doctor for a personal consultation before signing this form.

If it is not possible to have a personal consultation with the vaccinator (e.g. in the case of **vaccinations at school**), please contact the medical service/public health department of your local administrative authority and only sign the informed consent once you have obtained sufficient information.

In the case of minors (children aged 14 or younger) or persons who lack mental capacity, consent must be obtained from the legal representative (parents, legal guardians or authorised caregivers) of the person to be vaccinated. Adolescents (mature young people aged 15 and up) may give their consent themselves if they are capable of making decisions.

By signing, I confirm that:

- I have read and understood the vaccine information leaflet, or that I was otherwise provided with sufficient information about the vaccine,
   I have informed myself about the potential adverse effects of the vaccine and any circumstances under which I ought not to be vaccinated,
- I have sufficient understanding of the benefits and risks of the vaccination and accordingly do not require any further personal
  consultation,
- I consent to being vaccinated, and
- that I am aware that my personal data will be processed in the vaccination register in accordance with the Gesundheitstelematikgesetz 2012 [Health Telematics Act] (see <a href="https://www.elga.gv.at/datenschutzerklaerung">https://www.elga.gv.at/datenschutzerklaerung</a>).

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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 20 minutes after your vaccination, on the off-chance that you experience any adverse reactions (nausea, collapse, allergic reactions, etc.).

If you suspect that you are experiencing 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 <a href="https://www.basg.gv.at/en/market-surveillance/reporting/adverse-reactions/nebenwirkungsmeldung-human">https://www.basg.gv.at/en/market-surveillance/reporting/adverse-reactions/nebenwirkungsmeldung-human</a>; or you can also call +43 (0) 50 555 36600.



Please note: leave this section blank – to be co	empleted by the vaccination centre only
(contract partner number, if available)*	Space for doctor's notes
Prepared by third party Left upper arm	
Off-label use Right upper arm	
Vaccine administered*	
Batch number (LOT or Ch.B)*	Date of vaccination (DD/MM/YYYY)*
Name of doctor in charge*	Name of person administering the vaccine (if not the same as doctor in charge)
The person to be vaccinated cannot be clearly identified.	in charge