Ranking ☐

DECLARATION OF CONSENT FOR VACCINATIONS

TRAVEL DESTINATION: _____

QUESTIONS ABOUT THE HEALTH SITUATION

Please fill out in block letters clearly legible and completely!

Data of the person to be vaccinated ☐Please tick appropriate box!

name:	**first name:**
national insurance number:	**date of birth:**
male:☐	female: ☐
adress:	
e-mail:	**phone:**
name of legal guardian:	

1.	**Do you currently have an acute illness/fever?**	☐ yes	☐ no
2.	Do you have an acquired or congenital immune deficiency/immune disease (e.g. cancer, leukemia, HIV-AIDS, hepatitis C, renal failure (dialysis), autoimmune disease)? If yes, which?_____	☐ yes	☐ no
3.	Is there a tendency to bleed (tendency to bruise?) or coagulation disorder or reduced platelet count? (e.g. after an MMR vaccination)	☐ yes	☐ no
4.	Do you have a chronic or progressive disease, especially of the brain (e.g. epilepsy) and spinal cord / nerve inflammation, muscle weakness, liver, kidneys or an autoimmune disease? (e.g. paralysis, nerve inflammation, multiple sclerosis, thymus disease, rheumatoid arthritis, tuberculosis) If yes, which?_____	☐ yes	☐ no
5.	Did you receive blood, blood products or immunoglobulins (e.g. a passive vaccination) in the last 3 months? If yes, when and what? _____	☐ yes	☐ no
6.	Did you receive another vaccination in the last 4 weeks? If yes, which?_____	☐ yes	☐ no
7.	Did you have a disease/infection or surgery within the last 4 weeks? If yes, which? _____	☐ yes	☐ no
8.	Do you have an allergy/allergy reaction (e.g. to vaccine components, to latex, yeast, rubber, eculizumab, formaldehyde, protamine sulfate, chlortetracycline, amphotericin B, polygelin, kanamycin, neomycin (sulfate), gentamycin, sorbitol, octoxynol-9, streptomicin, polymyxin B, glycine, glutaraldehyde, eggs or chicken protein, casein)?? If yes, which?_____	☐ yes	☐ no
9.	Does a serious reaction (e.g. brain dysfunction) fainting / allergic reaction / febrile spasm / GBS (ascending paralysis) to a vaccination be known?If so, which one, with which vaccination?_____	☐ yes	☐ no
10.	Do you regularly take medication such as cortisone, or other immunosuppressive drugs (e.g. after transplantation or cancer therapy) or blood thinning (e.g. Sintrom)? If yes, which and when? _____	☐ yes	☐ no
11.	Is a tuberculosis test planned?	☐ yes	☐ no
12.	For women: Are you planning a pregnancy, are you pregnant or breastfeeding?	☐ yes	☐ no
	I acknowledge that I should not become pregnant until 1 month after a measles mumps rubella vaccination or yellow fever vaccination.	☐ yes	

I agree with the data procession. (DSGV - information sheet is laid out) ☐ yes ☐ no

Please turn – sign after clarification!

TRAVEL DESTINATION:

travel start: **duration:**

art: fancy/hotel ☐ yes adventure ☐ yes **Malaria-Prophylaxe required:** ☐ yes ☐ no

arranged VACCINATIONS:				

I have been sufficiently informed about the benefits and risks of the vaccinations and have had the opportunity to discuss Questions to be discussed with the vaccinator. ☐ yes ☐no

I agree to the above mentioned vaccinations. ☐ yes ☐no

date: Signature of the person to be vaccinated/the legal guardian for persons under 14 years of age

To be further registered by the vaccinator:

Vaccination against: ☐ Please tick the appropriate box

☐ **Refresher vaccination** ☐ 1. part vaccination basic immunisation (GI) ☐ 2. part vaccination GI ☐ 3. part vaccination GI vaccine: Chargen-Nr.	Chargenpickerl

☐ There are no further questions.

Vaccination against:

☐ **Refresher vaccination** ☐ 1. part vaccination (GI) ☐ 2. part vaccination GI ☐ 3. part vaccination GI vaccine: Chargen-Nr.	Chargenpickerl

☐ There are no further questions.

Vaccination against:

☐ **Refresher vaccination** ☐ 1. part vaccination (GI) ☐ 2. part vaccination GI ☐ 3. part vaccination GI vaccine: Chargen-Nr.	Chargenpickerl

☐ There are no further questions.

Vaccination against:

☐ **Refresher vaccination** ☐ 1. part vaccination (GI) ☐ 2. part vaccination GI ☐ 3. part vaccination GI vaccine: Chargen-Nr.	Chargenpickerl

☐ There are no further questions.

Notes for the vaccinator: (personal talks; information; explanations; facts)

☐ Information sheet about mosquito protection measures handed out ☐Yellow Fever - weaver handed out

☐ Recipe handed out for: ☐Malaria emergency treatment ☐ Malaria Prophylaxe

☐ informed about other recommended vaccinations ☐ personal vaccination plan:

Further notes:

date **signature of vaccinator, stemp**