



UNIVERSITÄTS
KLINIKUM
HEIDELBERG

Betriebsärztlicher Dienst

Im Neuenheimer Feld 130.3, 69120 Heidelberg

Appointment: 06221 – 56 8966
Vaccination Consultation: 06221 – 56 36030

www.ukhd.de/betriebsarzt

Vaccination Consultation Questionnaire

Please mark the appropriate answers with an ☒ and submit the questionnaire at the time of vaccination

Have circulatory reactions occurred during previous injections/blood tests? (e.g. sweating, nausea, dizziness, collapse, or unconsciousness)	Yes	No
Are you aware of any allergies to certain substances? (e.g. chicken protein, antibiotics, formaldehyde, aluminum hydroxide, thiomersal)	Yes	No
Do you have any known chronic illnesses? (e.g. coagulation disorder, immunodeficiency, rheumatoid arthritis, multiple sclerosis)	Yes	No
Have you had an operation in the last two weeks, or are you scheduled for surgery in the next two weeks?	Yes	No
For women: Are you currently pregnant?	Yes	No
Are you currently taking any medications (except oral contraceptives)? If so, which ones?:	Yes	No
Have you been vaccinated against measles, mumps, rubella, or varicella (chicken-pox) within the last 4 weeks?	Yes	No
I have further questions about the planned vaccination.	Yes	No
I confirm that I agree with the planned vaccination(s).	Yes	No
I confirm that I have been informed about: the vaccination indications, advantages and disadvantages of the vaccination, possible vaccination side effects, potential vaccination complications, and relevant measures following the vaccination	Yes	No

Typical symptoms after a vaccination are:

Redness, swelling, and pain at the vaccination site; general reactions such as fever, headache, aching limbs, and fatigue are also possible. These reactions are an expression of the immune system's desired reaction to the vaccine and usually subside after a few days.

Surname: _____

Name: _____

Birth Date: ____ . ____ . ____

Location

Date

X _____
Signature