

Covid-19 Vaccination Centre ApoDoc (Canton Zürich)

PERSONAL DETAILS

Name: first name:

Street: Zip Code/City:

Date of birth: gender: M F Other

Pass/ID-No. E-Mail:

Phone Number: Take health insurance card and ID/passport with you.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. You are currently suffering from an acute febrile illness / cold (Covid test recommended) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You have an allergy to components of the vaccine (e.g. polyethylene glycol PEG) or you have previously had severe reactions or allergies to a vaccine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You have had another vaccination in the last 7 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. You have a history of Covid-19?
If yes, date Covid-19 test (PCR or antigen rapid test)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you regularly take anti-clotting medication (blood thinners) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. You are pregnant or there is a possibility that you may be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

POSSIBLE ADVERSE EFFECTS AND FURTHER INFORMATION.

- Local reactions: Pain, swelling, redness or rash, at the injection site.
- Systemic reactions: Fatigue, headache, muscle and joint pain, fever, chills, nausea, vomiting.
- Serious adverse vaccine reactions are very rare (e.g. temporary facial paralysis, shock, anaphylaxis).
- Two vaccine doses at intervals of about 4 weeks are necessary for sufficient protection.
- The protective measures recommended by the FOPH (distance, mask, hygiene, etc.) also apply with the vaccination.
- To wait for any rare allergic reactions, stay in the waiting area of the pharmacy for 15 minutes after the first vaccination and for 5 minutes for the second vaccination for observation. In case of later reactions or symptoms, please contact your pharmacist or doctor immediately.
- The Covid-19 vaccination is free of charge for people who have compulsory health insurance in Switzerland and can show an appropriate insurance card.

INFORMATION AND CONSENT

- I have read and understood the above information about the vaccination. I was able to clarify any questions with a specialist beforehand. I have no further questions. With my signature, I consent to the administration of two injections, to the electronic recording of my data and to the forwarding of this data to the competent authority (federal health office and canton Zurich) by the pharmacy.
With my signature, I declare that all data provided in the questionnaire are correct and complete.

Place/Date: Signature of patient: