SMST 2401-0010

Health declaration for vaccination

Applies to vaccination of children against TBE (tick-borne encephalitis)

Please complete a health declaration for the child receiving the vaccination.

Personal ID number: .....

Name: .....

If the health declaration has been completed in Alltid Öppet, only consent is needed.

Is the child healthy today without any symptoms of infection, such as fever?	☐ Yes	☐ No
Has the child recieved any vaccination in the past month? If yes, against what:	☐ Yes	☐ No
Has the child ever had a severe reaction to a vaccine that required emergency treatment or hospitalisation?	☐ Yes	☐ No
Does the child have compromised immune system due to disease or treatment?	☐ Yes	☐ No
Does the child have an increased risk of bleeding due to illness or treatment?	☐ Yes	☐ No
Do you consent to the child's vaccination data being made available to other healthcare providers?	☐ Yes	☐ No

Consent – please hand the completed health declaration to the vaccinator

☐ I/we consent to the child being vaccinated against TBE

☐ I certify that I am the child's sole guardian

If the child has two guardians, both must provide their signatures.

.....	.....
Signature of guardian	Signature of guardian
.....	.....
Name in block letters	Name in block letters
.....	.....
Place, date, daytime phone number	Place, date, daytime phone number

To be completed by the vaccinator
(Vaccinatörens underskrift om Vaccinera har driftsproblem)

.....	.....
Datum	Namnteckning