

Self-declaration form when you are offered COVID-19 vaccine

Before vaccination, please complete this form and take it with you to the vaccination centre. **Tell the vaccinator about any previous dose(s) of COVID-19 vaccine and if you have had COVID-19.**

Surname, first name:
National ID number:
Signature:

If you have cold symptoms or fever over 38 °C, do not attend your vaccination appointment and notify the centre as soon as possible.

If you answer yes to any of these questions, the doctor/healthcare worker should consider the plan for further vaccination:

	Yes	No
Have you been given another vaccine during the last 7 days?		
Have you had COVID-19 less than 3 weeks ago?		
Have you had multi-organ inflammatory syndrome (MIS) after COVID-19?		
Do you have a severely impaired immune system?		
Do you have haemophilia?		
Do you have a mast cell disease?		
Have you suffered an allergic reaction to this vaccine or its ingredients in the past?		
Have you previously had a severe (life-threatening) allergic reaction to other vaccines, food, medicines, etc.?		
Have you had at least two courses of cortisone or been admitted to hospital during the last year due to asthma?		
Have you had at least three of the following symptoms during the past four weeks due to asthma? <ul style="list-style-type: none"> • Symptoms during the daytime more than twice a week • Woke up at night • Need for relief medication more than twice a week • Limitation of physical activity 		
Have you had heart inflammation (myocarditis/pericarditis) after coronavirus vaccination?		
Have you had menstrual disturbances that have persisted or needed treatment after coronavirus vaccination?		

Read more [about coronavirus vaccine](#)

To be completed by the **vaccinator** if the vaccination is not documented immediately in the electronic medical record system (EPJ)/SYSVAK:

Date and time	
Preparation/vaccine name:	
Batch/Lot number:	
Reason for vaccination: 1. Priority group 2. Health professional 3. Other	
Name of vaccinator (block letters):	