

PERSONAL MEDICAL SHEET

You must read the Vaccination Patient's Charter and the information statement before completing this questionnaire

**MAJOR UNDER
GUARDIANSHIP**

Pre-A(H1N1) 2009 vaccination questionnaire				
Surname:		First name:		
Surname, first name and address of the guardian:		Date of birth:		
Answer all questions by ticking the corresponding boxes on this form.			Answer	
			YES	NO
1	Has he/she been vaccinated against seasonal influenza in the past 3 weeks?			
2	Has he/she had any serious reaction when vaccinated or a contra-indication for a vaccination?			
3	Does he/she have an allergy to egg or chicken proteins, to ovalbumin or to certain drugs? (Do not mention digestive intolerance to eating eggs or chicken meat.)			
4	Does he/she currently have a temperature?			
5	Is he/she currently ill or has he/she recently been ill? (Do not mention common diseases like colds, eczema, etc., but be sure to mention confirmed influenza or suspected influenza.)			
6	Is he/she or has he/she been under special medical supervision?			
7	Is he/she suffering from coagulation problems or taking an anticoagulant?			
8	Has he/she been on a medical treatment for more than 30 days in the past 6 months (aside from contraception)?			
9	For women: is she pregnant or does she think she may be pregnant?			

To be completed by the medical officer:

Name of medical officer	Signature of medical officer	Date
Observations:		
Medical prescription (name of vaccine and dose):		

To be completed by the guardian:

- I have read the Vaccination Patient's Charter and the Vaccine Information Statement (*tick the box if your answer is yes*)
- I have been given information on the vaccine and its risks (*tick the box if your answer is yes*)
- I agree to the vaccination of the person under my guardianship (*tick the box if your answer is yes*)
- I do not agree to the vaccination of the person under my guardianship (*tick the box if your answer is yes*)
- If this form is to be signed by one of the holders of parental authority: I certify that the second holder agrees to the vaccination (*tick the box if your answer is yes*)

Date and guardian's signature (required):

Vaccination centre	Name of vaccine	Batch number