

PRE-VACCINATION QUESTIONNAIRE – to be completed at the time of appointment

DISCLAIMER: Vaccination against COVID-19 is currently not authorised for children and not recommended for pregnant and breastfeeding women. As a precautionary measure, it is recommended to avoid pregnancy for 2 months after the 2nd administration.

If you have any of the following medical conditions, please contact your doctor before making an appointment and then tick the appropriate box(es):

- Severe reaction after receiving a vaccination
- Cancer, leukaemia, HIV/AIDS infection or severe immune deficiency
- Other chronic immune system disease (rheumatoid arthritis, Crohn's disease, psoriasis, other autoimmune disease)
- Coagulation disorder or treatment with blood-thinning drugs (anticoagulants other than aspirin)

The following information is requested as a guide. It is important to monitor the effectiveness of the vaccination for certain categories of people.

* Weight

* Size

* Have you tested positive for COVID-19 since the start of the pandemic?

Yes

No

If yes, approximative date:

Month

Year

When choosing your appointment date, please ensure that you will not have received any other vaccination (e.g. tetanus, flu) in the previous 2 weeks.

Month	Janvier	January	Juillet	July
	Février	February	Août	August
	Mars	March	Septembre	September
	Avril	April	Octobre	October
	Mai	May	Novembre	November
	Juin	June	Décembre	December