COVID-19
PRE-VACCINATION QUESTIONNAIRE

GHC GENETICS

PERSONAL DATA

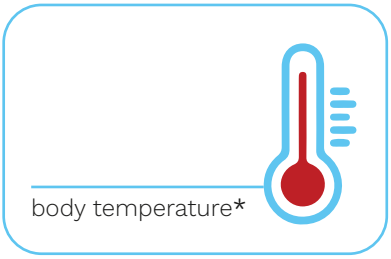
name and surname

birth number

e-mail

health insurace

phone



*Recorded only if body temperature is being measured at the vaccination centre.

This questionnaire is used by your doctor to assess the circumstances of your health that might affect your planned vaccination against COVID-19. Please read the questions carefully and answer truthfully. If you answer YES to any of the questions below, it does not mean that you cannot be vaccinated. If you are unsure, please contact your vaccination site physician who will help you complete the questionnaire.

ANAMNESIS

Are you feeling ill at the moment?	no	yes
Have you had COVID-19 or had a positive PCR test?	no	yes
You have already been vaccinated against COVID-19?	no	yes
Do you have a bleeding disorder or take blood thinners?	no	yes
Do you have any serious immune disorders?	no	yes
Are you pregnant or breastfeeding?	no	yes
Have you had any other vaccinations in the last two weeks?	no	yes

By signing this questionnaire, I certify that I have not withheld any information about my health from my doctor and that I understand the information provided about the COVID-19 vaccination, including possible side effects.

I consent to the administration of the COVID-19 vaccine **COMIRNATY LP.8.1.**

signature of the vaccinated person

date

Name and surname of the attending doctor
(signature and stamp of the doctor)

date

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info@ghcgenetics.cz. Zdravotnická laboratoř č. 8124 akreditovaná ČIA podle ČSN EN ISO 15189 ed. 3:2023. Rozsah akreditace na www.ghcgenetics.cz.

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