



Health Statement

Covid-19 vaccination

Please note: It is very important that you answer the questions below before coming to the vaccination site. This is because you may have to make certain arrangements depending on your answers. Answer questions 1 to 5 on the day itself. Then take the document with you.

For information in other languages, please go to: www.coronavaccinatie.nl

Coronavirus

Answer these first five questions **on the day of your vaccination.**

| | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you tested positive for the coronavirus in the past 4 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently have a fever of 38 degrees Celsius or higher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you currently have coronavirus symptoms such as a cold, a cough, tightness in your chest, a temperature or a fever, or loss of smell or taste? Then please stay home and get tested for the coronavirus. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently in quarantine at home because of the coronavirus? Reasons: – You have been in contact with someone who has the coronavirus – You received a notification from the CoronaMelder app – You have had a coronavirus test and you are waiting for the result – You have travelled from an orange or red area | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you made an appointment for another vaccination 7 days before or after your coronavirus vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is 'yes' to any of the questions 1 to 5, then you need to reschedule your appointment. Please call the National Vaccination Appointment number (see your invitation) to do this.

Operations

| | Yes | No |
|---|--------------------------|--------------------------|
| 6. Are you going to have an operation under anaesthesia within 2 days after your first or second scheduled vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is 'yes' to question 6, then you need to reschedule your appointment. Please call the National Vaccination Appointment number (see your invitation) to do this.

Pregnancy

| | Yes | No |
|--|--------------------------|--------------------------|
| 7. Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: Have you received information about vaccination against the coronavirus during pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: we advise you to first contact your midwife, treating doctor, gynecologist and/or company doctor to discuss your vaccination wishes. | | |
| If yes: Please register your vaccination at : www.moedersvanmorgen.nl . (Mothers of Tomorrow; part of Lareb) is conducting research into the use of medicine during pregnancy. | | |

Medical

| | Yes | No |
|---|--------------------------|--------------------------|
| 8. Have you ever fainted after a vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |

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Medical

| | Yes | No |
|--|--------------------------|--------------------------|
| 9. Have you ever had a serious allergic reaction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: To what? | <input type="text"/> | |
| Were you treated for this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have (or have you had) breast cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: <input type="checkbox"/> Left <input type="checkbox"/> Right | | |
| 11. Are you taking blood thinners/ anti-coagulant medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: Which medication and dosage have you taken in the past 7 days? | <input type="text"/> | |
| If you do not know all of the medications you are taking, please contact your pharmacist for a medication overview. | | |
| 12. Are you undergoing treatment at the Thrombosis Service? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: Contact the Thrombosis Service before your vaccination. They will discuss with you whether the vaccination can take place on your appointment date. Important: you can't get vaccinated until after your contact with the Thrombosis Service. | | |

If the answer is 'yes' to any of the questions 8 to 12, you will first meet with a doctor or nurse at the vaccination site. This way, we can make sure you receive a problem-free vaccination.

| | | |
|--|--------------------------|--------------------------|
| 13. Do you have a bleeding disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, which one? <input type="checkbox"/> Hemophilia <input type="checkbox"/> Von Willebrand disease <input type="checkbox"/> Platelet deficiency thrombopathy / thrombocytopenia <input type="checkbox"/> Other | | |
| 14. Do you have epilepsy and have you ever had an epileptic seizure during a fever or after a vaccination? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is 'yes' to question 13 or 14, it is important that you consult the GGD Vaccination Medical Information Line . Do this before you come to your appointment.

| 15. Answer if you have already received your first coronavirus vaccination: Did you develop one or more of the following allergic symptoms after your first coronavirus vaccination? | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | Yes | | No | | |
| | Yes | No | Yes | No | |
| A. Itching, redness or hives all over your body | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Difficulty breathing or shortness of breath |
| B. Swelling of your tongue, lips, throat or face | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Abdominal pain, diarrhoea, nausea or vomiting |

Did you answer 'Yes' to one of the questions? When you arrive at the vaccination site, you will first meet with a doctor or nurse, so the vaccination runs smoothly for you. **Please note:** If your allergic symptom was so serious that you had to use medication or visit a doctor, please contact the GGD Vaccination Medical Information Line. The number is . We may have to cancel your second vaccination.

Did you answer 'Yes' to two or more of the questions? Please contact the GGD Vaccination Medical Information Line. The number is . We may have to cancel your second vaccination.

Please note: Is your medical situation not listed in this health statement? For example, do you have another illness or do you use other medication? This is okay. You can simply get vaccinated. If you have any questions about this, you can find information on the RIVM's website: rivm.nl/coronavaccinatie. This website has information about illnesses, medicines and treatments. If you do not find the answer there, you can also call the GGD Vaccination Medical Information Line .



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