				o Flu	
				□ FSME (tick borne encephalitis)	
				□ TDPP	
				□ Hepatitis	
		VACCINAT	ION DECLARATION	o	
Last name, first name:			Date of birth:		
To allow the vacci	nator to	decide whether	AF VOIL oon by when it	vaccination effectively g information about your	
Have you suffered surgery within the	d from e last t	any acute illne hree months:	ess (e.g. fever), had a s	serious accident or	
No ()	()	Yes, details:			
Serious chronic il (diabetes), chroni arthritis, tuberculo	Inesse c hepa	s, e.g. leukaen titis, chronic re	nia, cancer, AIDS, diab enal disease, allergic a	otos mallitus	
No ()	(· ·)	Yes, details:	- in the second		
Have you taken ar the immune syste	ıy med	ication or had	anv treatments that he		
No ()	() () ()	Cortisone Gamma glok Immune sup Others, deta	pressant		
Allergies ()	No Yes	() () () ()	Egg white Antibiotics, details: Animal fur Pollen Other substances:		
Previous vaccination	on com	plications			
No ()	()	Yes, details:			
Other vaccinations					
No ()	()	Yes, details:			

Are you pregnant or trying	to become pregnant:			
No ()	Yes ()			
Are you breastfeeding?				
No ()	Yes ()			
Do you suffer from a blood	f clotting disorder or a tendency to haematoma?			
No ()	Yes ()			
All the vaccinations we recorreasons, we must explain all	nmend are very safe and effective. However, for legal side effects encountered so far for the TBE vaccination:			
Frequent side effects:	 pain at the puncture site redness or hardness around the injection site 			
Rare side effects:	 diarrhoea, sickness, stomach pains, nausea flu-like conditions, temperature of above 38 degrees raised liver values allergic reactions: itching, skin rash, hives headaches, dysesthesia 			
Very rare side effects:	 fall in platelet count → tendency to bruising and haematoma vascular inflammation arthritis swelling of the lymph nodes disorders of the central and peripheral nervous system: paralysis, neuritis, inflammation of the optic nerves, multiple sclerosis, inflammatory brain reactions (meningitis, encephalitis), seizures allergic reactions including anaphylactic shock: facial swellings, breathing difficulties, fall in blood pressure 			
I hereby declare that I have opportunity to ask question	read and understood the information. There was an ns during a discussion.			
The following points were discussed:				
Date:	Signature:			