



Patient Intake Form for the COVID-19 Vaccination

Please carefully read this form and answer each question to the best of your knowledge. Please bring the completed form with you to your vaccination appointment.

First Name		ID Card Number ¹	
Last Name		Email Address	
Date of Birth		Phone Number	

Please indicate which dose you are receiving:

☐ 1st dose ☐ 2nd dose

Potential Contraindications

Do you currently have any cold symptoms (fever, fatigue, sore throat, cough, body aches, etc) or are you experiencing a loss of taste or smell? ☐ YES ☐ NO

If yes, then please be tested for COVID-19 and book an appointment to receive your vaccine at a later date.

Were you diagnosed with COVID-19 in the past 90 days? ☐ YES ☐ NO

If so, then please reschedule your vaccination appointment for a date at least 90 days after your COVID-19 diagnosis.

Do you have any allergies (such as to medications or to previous vaccinations or food)? ☐ YES ☐ NO

If so, which one? _____

Have you had a problem with a previous vaccination? ☐ YES ☐ NO

If so, which one? _____

Did you receive a non-COVID vaccination in the last 7 days? ☐ YES ☐ NO

Do you have any pre-existing conditions? ☐ YES ☐ NO

If so, which one? _____

Are you taking anticoagulants ("blood thinners")? ☐ YES ☐ NO

If so, which one? _____

Are you taking a medication that affect the immune system (e.g. cortisone)? ☐ YES ☐ NO

If so, which one? _____

Please bring a list of the medications you are taking with you to your appointment.

For Women

Are you pregnant or is there a possibility that you might be pregnant? ☐ YES ☐ NO

You should avoid becoming pregnant for two months after receiving your COVID-19 vaccination.

Are you currently breastfeeding? ☐ YES ☐ NO

¹ Passport or Drivers License

Important Information Regarding the COVID-19 Vaccination

Please carefully read the following information. We also recommend reading the Infovac "COVID-19 Vaccination" factsheet*, which you can find on our homepage.

1. Even after you receive the second dose of the COVID-19 vaccine, you still have to continue to observe the hygiene and social distancing rules as stated by the FOPH.
2. The COVID-19 vaccine is administered into the upper arm muscle (deltoid muscle), much like the flu vaccination. To achieve adequate protection, two doses are needed spaced four weeks apart.
3. Allergic reactions to vaccines or additives are very rare and usually occur a short time after vaccination. Therefore, you will stay with us in our quiet room for 15 minutes after the vaccination. This way we will be able to provide you with competent medical care if necessary. If you feel unwell or have any questions, please let our Medical Supervisor know (they will be wearing a red jacket).
4. If you experience symptoms after you have left our Vaccination Center that you think are from the vaccine, and that are serious, please contact your General Practitioner (GP) or an emergency medical center. If your symptoms are severe and include shortness of breath, contact 144 immediately.
5. Some people may experience normal side effects after receiving the vaccination. These include: pain at the vaccination site, fatigue, tiredness, headache, body aches, chills, and/or fever. Symptoms are usually mild and should pass within 1-3 days. You can take paracetamol for symptom relief.

available only in German, French or Italian

Consent

Yes, I have read the "COVID-19 Vaccination" fact sheet and the above information on possible side effects. I have had the opportunity to clarify any existing questions with the doctor. I consent to my data being recorded electronically and analyzed anonymously for statistical purposes. I have no further questions and consent to the COVID-19 vaccination.

Date _____

Signature _____

Impfdokumentation <i>(This section will be completed by Center staff)</i>	Kürzel	Datum
Ärztliche Verordnung Verordnung Impfstoff <input type="checkbox"/> _____ Beobachtungszeit <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. Vorsichtsmassnahmen <input type="checkbox"/> 2 Min. Kompression, dünne Nadel (25 G), langsame Injektion <input type="checkbox"/> Andere _____		
Dokumentation Pflege / MPA <input type="checkbox"/> Impfdokumentation elektronisch erfasst <input type="checkbox"/> Keine Impfdokumentation. Grund:		
Patientenmanagement <input type="checkbox"/> 2. Termin vereinbart <input type="checkbox"/> Impfdokumentation abgegeben		