

**QUESTIONNAIRE ON STATE OF HEALTH BEFORE VACCINATION
AND VACCINATION CONSENT¹**

Name and surname: _____

Date of birth: _____

We kindly ask you to fill in the questionnaire about your state of health before getting vaccinated at our institution and to sign the vaccination consent form.

	YES	NO
Do you believe that you are currently healthy?		
Have you recovered from any illness or had a temperature of over 38 °C in the past week? If YES, what illness did you have? _____		
Are you allergic to any medicine? If YES, to what medicine? _____		
Are you allergic to anything else? If YES, to what? _____		
Have you ever had a severe reaction to a vaccine? If YES, what symptoms? _____		
Have you been vaccinated in the past 14 days?		

I agree to the medical procedure described in the section on vaccinations on the National Institute of Public Health website². I give my consent freely. I understand the meaning and consequences of giving consent. I understand the oral explanations I received. I will be vaccinated against (circle):

- COVID-19, dose _____
- Flu
- Tick-borne encephalitis (TBE), dose _____
- Other: _____

Patient's signature: _____

Doctor's signature: _____

_____ Institution's stamp: _____

Date: _____

Vaccination name, dose, application type, time and place of vaccination (to be filled in by medical staff):

Legal basis

The Communicable Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 – official consolidated text, 49/20 – ZIUZEOP, 142/20 and 175/20 – ZIUOPDVE), the Health and Safety at Work Act (Official Gazette of the Republic of Slovenia, No. 43/2011), the Rules on the conditions to prepare and perform the programme to prevent and contain hospital-acquired infections (Official Gazette of the Republic of Slovenia, Nos 74/99, 92/2006, 10/2011) and the Immunoprophylaxis and Chemoprophylaxis Programme for the relevant year.

¹ The patient can request a photocopy of their consent form

² <http://www.nijz.si/sl/pojasnilna-dolznost-pred-cepljenjem>