

→ Questionnaire, information and consent

**Consultation Hour for Travel Medicine**

Surname/first name:	Date of birth:
Street/No.:	Postcode/City:
Private phone:	Nationality:
Mobile phone:	Health insurance:
Business phone:	
E-mail:	Body weight in kg:

Departure:	Duration:
Destination(s) (all countries):	
Purpose of the trip: <input type="checkbox"/> Tourist <input type="checkbox"/> Family visit <input type="checkbox"/> Work	
Travel style: <input type="checkbox"/> luxurious <input type="checkbox"/> medium <input type="checkbox"/> basic (backpacker)	

Question	Yes	No	please enter further information
Have you had a fever in the last 48 hours?			How high?
Are you taking medication (especially anti-coagulants [other than aspirin], cortisone, or a medication that inhibits the immune system)?			Which one?
Are there any known intolerances to medications/vaccinations?			Which one?
Do you have allergies (bee or wasp stings, chicken protein, medication, allergic asthma)?			Which one?
Are you pregnant? Are you breastfeeding?			
Do you suffer from a chronic illness (e.g. removal of the spleen, HIV, chronic inflammatory bowel disease, rheumatic disease, diabetes, kidney failure requiring dialysis)?			Which one?
Are you currently receiving chemotherapy and/or radiotherapy (radiation)?			
Have you ever had epileptic seizures?			When is the last time?
Did you have/do you have neuritis or meningitis (e.g. multiple sclerosis, Parkinson's disease, etc.)?			When is the last time?
Have you ever suffered from mental disorders?			Which one?
Have you ever had jaundice or liver disease?			What type?
Are you aware of an immune deficiency?			

Have you had any vaccinations or other injections in the last 4 weeks (e.g. cortisone injections, immunoglobulins, or other injections)?			Which one?
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### Information and disclosure about vaccination

In particular, I was informed about the following points:

1. The protection provided by the vaccination(s) administered does not replace any protective measures recommended by the authorities.
2. Side effects such as redness, swelling and pain at the injection site, malaise, mild headache, fatigue, muscle and joint pain, fever, nausea and vomiting may occur. If you have severe symptoms or if in doubt, contact a doctor.
3. Allergic reactions are rare, but can occur in people with and without known allergies.
4. The vaccinated remain on site for at least 5 to 15 minutes after vaccination for observation.

### Information and disclosure regarding "off-label use" and/or "off-recommendation use" during vaccination

The Zuger Kantonsspital is guided by the current authorization information from Swissmedic as well as the official vaccination recommendations of the Federal Office of Public Health (FOPH), the Federal Commission for Vaccination (FCV) and the expert committee for travel medicine (ECTM). Nevertheless, the use of a vaccine/medication may be outside the currently valid authorization by Swissmedic (so-called "off-label use") and/or outside the currently valid recommendation of the FOPH, FCV and ECTM (so-called "off-recommendation use").

In the case of vaccination schemes recommended by the authorities, including those with "off-label use", the subsidiary liability of the Swiss Confederation under the Epidemics Act (default liability) may apply in addition to the liability of the vaccine manufacturer (product liability) and the Zuger Kantonsspital (contract liability). In the case of a vaccination that is neither approved nor officially recommended ("off-label use" and "off-recommendation use"), the product liability of the vaccine manufacturer, any subsidiary liability of the federal government under the Epidemics Act (default liability) and the liability of the Zuger Kantonsspital for any damages, unless they are due to improper administration of the vaccine, are completely waived.

### Declaration of consent

I had the opportunity to clarify existing questions and was fully informed about the effects and side effects of the vaccinations and medications administered. I have also been informed about possible "off-label use" and/or "off-recommendation use".

I have no further questions and agree to the vaccination(s) recommended to me by the doctor and to any "off-label use" and/or "off-recommendation use".

With my signature, I also confirm the correctness of the information I provided in the questionnaire on page 1.

I have been informed about the price of the vaccination(s) that are not covered by health insurance and agree to pay it on site (payment only possible by debit, credit card or Twint; no cash payment).

I agree that my above-mentioned administrative and medical data will be stored by the Zuger Kantonsspital and further processed in connection with my vaccination(s).

Substantive Swiss law shall apply to the exclusion of conflict of laws. The place of jurisdiction is Baar (Switzerland).

Place, date

Signature:

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(For children aged 5 to 11 years: signature of the parents or legal guardians)