

→ Questionnaire, information and consent

Consultation Hour for Vaccination – especially for high-risk patients

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

Reason for application:

Question	Yes	No	please enter further information
Have you had a fever in the last 48 hours?			How high?
Are you taking medication (especially anticoagulants [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?			Date of last event?
Did you have/have neuritis or meningitis (e.g. multiple sclerosis, Parkinson's disease, etc.)?			Date of last event?
Have you ever suffered from mental disorders?			Which one?
Have you ever had jaundice or liver disease?			What type?
Are you aware of an immunodeficiency?			
Have you had any vaccinations or other injections in the last 4 weeks (e.g. cortisone injections, immunoglobulins, or other injections)?			Which one?

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" in vaccination

The Zuger Kantonsspital is guided by the current authorization information from Swissmedic as well as the vaccination recommendations of the Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination (FCV).

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 and FCV (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 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 possible 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 agree that my above-mentioned administrative and medical data may 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: _____
(For children aged 5 to 11 years: signature of the parents or legal guardians)