

→ Questionnaire, information and consent

Consultation Hour for Covid 19 vaccination

Personal details of the person to be vaccinated (please fill in block letters)

Surname: First Name:

Gender: m w Date of birth:

Street/No.: Postcode/City:

E-mail: Mobile:

Please do not answer the following questions until the day of vaccination.

Questionnaire	Yes	No
For women: Are you pregnant or is there a possibility that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced serious vaccination reactions during previous vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any known allergies to vaccines, vaccine components or other severe allergies (with allergic shock)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you known to have immunosuppression / immunodeficiency (e.g. as a result of chemotherapy or antibody therapy, HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from an underlying disease that increases your risk of a severe course of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently acutely ill (with or without symptoms of a COVID-19/coronavirus infection)?	<input type="checkbox"/>	<input type="checkbox"/>
Were you diagnosed with a Covid-19/coronavirus infection less than 6 months ago?	<input type="checkbox"/>	<input type="checkbox"/>
If so, when?		
Was the last time you were vaccinated against COVID-19 less than 6 months ago?	<input type="checkbox"/>	<input type="checkbox"/>
If so, when?.....		
to be filled in by the doctor:		Initials Doctor: _____
Vaccine currently administered:	<input type="checkbox"/> Spikevax® JN.1	<input type="checkbox"/> Comirnaty® JN.1
Informed and agrees with:	<input type="checkbox"/> Off-Label-Use	<input type="checkbox"/> Off-Recommendation-Use
Self-payer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Information and education about the COVID-19 vaccination

I was informed about the "Information on COVID-19 vaccination" (fall/winter 2024/25). Any questions I had were answered. I was informed about the following points in particular:

1. The protection provided by vaccination against COVID-19 does not replace any other protective measures recommended by the authorities.
2. Side effects such as redness, swelling and pain at the injection site, feeling sick, mild headaches, tiredness, muscle and joint pain, fever, nausea and vomiting may occur. If in doubt, consult a doctor.
In case of sudden chest pain, shortness of breath or palpable palpitations, as well as skin bleeding or bruising, painful swelling outside the vaccination site, severe abdominal pain, dyspnea, severe headache, blurred vision, seizures or other threatening symptoms, a medical assessment should be made immediately.
3. Allergic reactions have mainly been described in known allergy sufferers.
4. The vaccinated persons remain on site for at least 5 to 15 minutes after vaccination for observation.
5. The risk of a severe COVID-19 infection with complications is higher in high-risk patients than the likelihood of serious vaccination side effects.

Information and education regarding vaccination with the approved JN.1 COVID-19 vaccines from Moderna and Pfizer, in particular regarding any off-label use and/or off-recommendation use of these vaccines

The Zug Cantonal Hospital is guided by the latest authorization information from Swissmedic as well as the vaccination recommendations of the Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination Issues (EKIF). In the following cases, the vaccination corresponds to an "off-label use" outside the currently valid authorization by Swissmedic and/or as an "off-recommendation use" outside the currently valid recommendation of the FOPH and the EKIF (non-exhaustive list):

- Basic immunization with several doses in previously unvaccinated, not severely immunocompromised patients
- Basic immunization with 3 doses of Spikevax® JN.1 in severely immunocompromised, previously unvaccinated persons <30 years of age (Comirnaty® JN.1 is recommended in this situation)
- Vaccination earlier than 6 months after the last COVID-19 vaccination or earlier than 6 months after a documented COVID-19 infection
- Vaccination with Spikevax® JN.1 in under 18-year-olds
- Vaccination with Comirnaty® JN.1 (30 µg) in children under 12 years of age

The costs of vaccinations against COVID-19 in accordance with the current recommendations of the Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination Issues (EKIF) are covered by the health insurance companies from basic insurance funds (less deductible and any franchise). Without a corresponding recommendation, the costs of the vaccination must be borne by the patient.

In addition to the liability of the vaccine manufacturer (product liability) and the Zug Cantonal Hospital (contract liability), subsidiary federal liability under the Epidemics Act (deficiency liability) may apply in the case of officially recommended vaccination regimens, including those with "off-label use".

In the case of a vaccination that is neither approved nor recommended by the authorities ("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 (deficiency liability) and the liability of the Zug cantonal hospital for any damage are completely waived, provided that this is not attributable to improper administration of the vaccine.

Consent of the person to be vaccinated

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

I have no further questions and consent to the COVID-19 vaccination and to any "off-label use" and/or "off-recommendation use" of the COVID-19 vaccine from Moderna or Pfizer.

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

I have taken note that the Covid-19 vaccination is only free of charge if there is a corresponding recommendation from the Federal Commission for Vaccination Issues (EKIF) (Art. 64dbis of the Epidemics Ordinance). I have been informed of the price of the vaccination in the absence of a recommendation by the EKIF and agree to pay this on site (payment only possible by EC card, credit card or Twint; no cash payment).

Vaccination certificates are no longer issued. When traveling abroad, it is recommended to carry an international vaccination card with the documented COVID-19 vaccinations.

I agree that my above-mentioned administrative and medical data may be stored by Zug Cantonal Hospital and processed in connection with my vaccination.

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

Date:

Signature:

(for children aged 5 to 11 years signature of the parents or a person with parental authority)