

VACCINATION AGAINST COVID-19

## Health declaration

Please answer the questions below.

Have you ever had such a severe reaction to a vaccine that you required hospital care? •  Yes  No

Do you have allergies that have ever given you severe reactions for which you required hospital care?  Yes  No

Do you have an increased bleeding tendency due to illness or medication?  Yes  No

Have you been vaccinated in the last 7 days?  Yes  No

Are you pregnant?  Yes  No