

## HEALTH DECLARATION - ADULT

### Vaccination against influenza and pneumococcal infections

Vaccination date \_\_\_\_\_

Personal ID number \_\_\_\_\_

Complete one health declaration per person.  
Applies to those aged 18 and above.

Name \_\_\_\_\_

Are you allergic to eggs?  Yes  No

Have you ever had such a severe allergic reaction to anything else that  
it was necessary to seek medical care?  Yes  No

Have you ever had a severe reaction to previous vaccinations?  Yes  No

Do you have haemophilia or any other bleeding disorder, for example, warfarin treatment?  Yes  No

Do you have any chronic disease or have you had your spleen removed?  Yes  No

If yes, do you have:

Chronic lung disease, including asthma?  Yes  No

Severe obesity (BMI>40)?  Yes  No

Neuromuscular disease (for example, MS)?  Yes  No

Chronic cardiovascular disease (not just raised blood pressure)?  Yes  No

Increased risk of infection?  Yes  No

(For example, immunodeficiency, but also other conditions such as cancer or autoimmunity  
where the disease itself or the treatment involves an increased risk of infection)

Indication for vaccination with pneumococcal conjugate vaccine?  Yes  No

(Impaired spleen function; Severely impaired immune defence due to disease or treatment, for example,  
organ transplant, cytostatic treatment or treatment with equivalent to >15 mg prednisolone/day, other  
strongly immunosuppressive medication or TNF inhibitor in combination with another immune-weakening  
treatment; Nephrotic syndrome; Cochlear implant; Cerebrospinal fluid leakage; Cystic fibrosis)

Chronic liver or kidney failure?  Yes  No

Diabetes mellitus?  Yes  No

Cerebral palsy/multiple disabilities?  Yes  No

Are you pregnant?  Yes  No

If yes, how many weeks?

Do you consent to your vaccination data being read by other healthcare providers?  Yes  No

\_\_\_\_\_  
Signature of the person to be vaccinated

\_\_\_\_\_  
Print name