

**QUESTIONNAIRE FOR THE ASSESSMENT OF MEDICAL CONDITION OF THE CHILD BEFORE VACCINATION
AND STATEMENT OF THE PARENT/CHILD GUARDIAN FOR VACCINATION¹**

Name and surname of the child: _____

Name and surname of the parent/child guardian: _____

Date of birth of the child: _____

Dear Sir or Madam,

We kindly ask you to fill in this questionnaire regarding child health condition before vaccination in our institution and to sign the vaccination consent statement.

	YES	NO
Do you think the child is healthy at the moment?		
Has the child in the last week got over any disease or had an elevated temperature above 38°C? If YES, what did he/she get over? _____		
Does the child have a drug allergy? If YES, to what? _____		
Does the child have another known allergy? If YES, to what? _____		
Has the child ever had a more severe reaction after avccination? If YES, what kind? _____		
Has the child been vaccinated against any disease in the last 14 day?		
Has the child been tested positive for COVID-19 If YES, when? _____		

I consent to the medical procedure and health care described in the vaccination information on the NIJZ² website. I give my consent freely. I understand the meaning and consequences of giving consent. I understand the verbal explanations received. The child will be vaccinated against (circle as appropriate):

- COVID-19, dose _____
- Influenza
- Tick-borne meningoencephalitis (TBE), dose _____
- Other: _____

Parent/child guardian's signature

Doctor's signature and stamp

_____ The Institution's stamp: _____

Date: _____

Vaccine name, method of administration, place and time of vaccination (to be completed by medical staff):

Legal bases

Contagious Diseases Act (Official Gazette of the Republic of Slovenia, No. 33/06 - official consolidated text, 49/20 - ZIUZEOP, 142/20 and 175/20 - ZIUOPDVE), Occupational Safety and Health Act (Official Gazette No. 43 / 2011), Rules on the conditions for the preparation and implementation of the program for the prevention and control of nosocomial infections (Official Gazette of the Republic of Slovenia, No. 74/99, 92/2006, 10/2011) and the Immunoprophylaxis and Chemoprophylaxis Programme for the current year.

¹ A photocopy of the statement of consent is received by the patient at his request.

² <http://www.nijz.si/sl/pojasnilna-dolznost-pred-cepljenjem>