Please answer the following questions

1. Have you ever had any SARS-CoV-2 infection (confirmed by a PCR test), COVID-19 (confirmed by a PCR test) or antibodies against the coronavirus (neutralisation test or correlate to neutralisation test only)?
   Yes
   No

2. During the last 7 days, have you been suffering, or are you still suffering, from any acute disease or infection (e.g. fever, cough, common cold, sore throat, others)?
   Yes
   No

3. Have you ever had any allergic shock involving a drop in blood pressure, pronounced respiratory distress or collapse?
   Yes
   No

4. Have you already been vaccinated against COVID-19, have you been vaccinated against any other disease within the past 4 weeks, or are you currently undergoing any allergen-specific immunotherapy/hyposensitization therapy?
   Yes
   No

5. Have you ever experienced any complaints or adverse effects after being vaccinated in the past (except for minor local reactions such as redness, swelling, pain at the injection site or a touch of fever)?
   Yes
   No

6. Are you allergic to any medication or to an ingredient of the vaccine (see package leaflet)?
   Yes
   No

7. Are you regularly taking any blood-thinning medication?
   Yes
   No

8. Are you suffering from any severe or chronic diseases (e.g. immunodeficiency, cancer, autoimmune disorder, bleeding disorder, chronic inflammatory diseases)?
   Yes
   No

9. Are you currently undergoing any chemotherapy and/or radiotherapy or are you taking any immunosuppressive drugs (e.g. cortisol)?
   Yes
   No

10. Are you planning to undergo surgery?
    Yes
    No

11. Are you pregnant?
    Yes
    No
Informed consent – Vaxzevria (AstraZeneca)

Following vaccination against COVID-19, reactions to the vaccine often occur which usually disappear on their own within a few days. Pressure sensitivity, pain, flushing, itching or bruising may occur very often at the injection site; reddening or swelling may occur often. Moreover, fatigue or general discomfort, shivering or feverish feeling, headache, muscle or joint aches, or nausea may occur very often; fever, vomiting or diarrhoea or low blood platelet levels may occur often. Very often means that more than 1 in 10 vaccinated persons are affected; often means that up to 1 in 10 vaccinated persons is affected. Severe allergic reactions may occur. Very rare blood clots, often in unusual locations (e.g. brain, bowel, liver, spleen), in combination with low level of blood platelets, in some cases together with bleeding, has been observed following vaccination with Vaxzevria. This included some severe cases with blood clots in different or unusual locations and excessive clotting or bleeding throughout the body. The majority of these cases occurred within the first fourteen days following vaccination and occurred mostly in women under 60 years of age. Some cases had a fatal outcome. Seek immediate medical attention if you develop shortness of breath, chest pain, leg swelling, or persistent abdominal pain following vaccination. Also, seek immediate medical attention if you experience after a few days severe or persistent headaches or blurred vision after vaccination, or experience skin bruising or pinpoint round spots beyond the site of vaccination which appears after a few days. For details, please refer to the package leaflet provided electronically. You may also request a hard copy of the package leaflet. Should you have any further questions, please get in touch with your doctor. In order to access the package leaflet of the COVID-19 vaccine Vaxzevria (AstraZeneca), please scan the QR code (https://www.basg.gv.at/en/consumers/facts-worth-knowing-about-medicines/medicinal-products/vaccines/covid-19-impfstoffe).

With my signature I confirm:

• that I have read and understood the leaflet regarding the vaccine described therein, or that I was otherwise provided with sufficient information about the same. I have been able to obtain information about potential adverse effects and possible arguments why I should not be vaccinated.
• that I am appropriately aware of the benefits and risks of the vaccination and accordingly do not require any further personal consultation,
• that I consent to being vaccinated free of charge, and
• that I am aware that my personal data are going to be processed in the vaccination register in accordance with the Gesundheitstelematikgesetz 2012 (see https://www.elga.gv.at/datenschutzerklaerung).

If you do NOT consent to being vaccinated or if you need to be provided with additional information by a doctor, please do NOT sign this informed consent.

For underage persons (children under the age of 14) or persons under disability, consent must be obtained from the legal representative (parents or legal guardians/authorised agents) of the person to be vaccinated. Adolescents must consent themselves, if they are capable of making decisions.

Date (DD.MM.YYYY) Signature of the person to be vaccinated or their legal representative

Important information: For your own safety, you should stay near the vaccinating doctor for some 20 minutes, on the off chance of any reactions occurring (nausea, collapse, allergic reactions etc.). Adverse reactions may be reported by vaccinated persons / their relatives; your attending physician and your pharmacist are even obliged to report any adverse reactions. If you suspect to experience any adverse reactions, please contact your doctor or pharmacist, report the same online at https://www.basg.gv.at/en/ or call 0800 555 621.