

Health Questionnaire

Coronavirus vaccination

This questionnaire contains questions about your health. Complete this questionnaire at home.

Take the completed questionnaire with you to your vaccination appointment.

 $Information\ in\ other\ languages: \underline{www.coronavaccinatie.nl}$

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CO	ronavirus	
1.	Did you test positive for the coronavirus in the 4 weeks before your vaccination appointment? If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation).	yes no
2.	Do you have a fever of 38 degrees or higher on the day of your vaccination? If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation).	ges no
3.	Do you have any coronavirus symptoms on the day of your vaccination? Examples: A cold, a cough, difficulty breathing, a temperature or fever, trouble smelling or tasting. If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation). You should also get tested for the coronavirus.	☐ yes ☐ no
4.	Are you in quarantine because of the coronavirus on the day of your vaccination? Examples: You have been in contact with someone with the coronavirus; you received a notification from the CoronaMelder app; you have taken a coronavirus test and you are still waiting for the result; you were traveling in an orange or red area. If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation).	☐ yes ☐ no
5. Or	Do you have an appointment for another vaccination in the week <u>before</u> or <u>after</u> your coronavirus vaccination? If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation).	☐ yes ☐ no
	Will you be having an operation under anaesthesia within 2 days of your vaccination? If so, please reschedule your appointment. Call the National Vaccination Appointment Number (see your invitation).	yes no
Pro	egnancy	
7.	Are you pregnant? If pregnant: even then you can be vaccinated; you will receive an mRNA vaccine. If you have any questions about this, please ask your midwife, gynecologist or attending physician. You can also participate in a study on pregnancy and vaccination, if you like. Please register at moedersvanmorgen.nl.	ges no
Me	edical	
8.	Have you ever fainted after a vaccination? You can go to the vaccination site. When you get there, you will meet with a doctor or nurse to make sure your vaccination goes well.	ges no
9.	Have you ever had a severe allergic reaction to medicine or food?	yes no
	If so, what were you allergic to? Were you treated for this? You can go to the vaccination site. When you get there, you will meet with a doctor or nurse to make sure your vaccination goes well.	ges no

10.	Do you have (or have you had) breast cancer? If so, you can go to the vaccination site. When you get there, you will meet with a doctor or nurse to make sure your vaccination goes well.	yes no
	Which breast was affected? Left breast Right breast	
11.	Are you using blood thinners or anticoagulants? If so, you can go to the vaccination site. When you get there, you will meet with a doctor or nurse to make sure your vaccination goes well. Which blood thinner did you use in the past week?	yes no
	What dose did you use in the past week? If you do not know this, ask your pharmacy. Your pharmacy can provide you with a list of your blood thinners.	
12.	Are you undergoing treatment at the Thrombosis Service? If so, make an appointment for your vaccination. Then call your own Thrombosis Service as soon as possible to ask whether you should get your vaccination or postpone it. Important: you will only receive a vaccination if you have called your Thrombosis Service.	yes no
13.	Do you have a bleeding disorder? If so, please call the GGD's Vaccination Medical Information Line at 088 767 40 80. Do this before coming to your appointment.	yes no
	Please tick below which bleeding disorder you have: Haemophilia	
	 Von Willebrand disease Low platelet count (thrombopathy/thrombocytopenia) Other 	
14.	Low platelet count (thrombopathy/thrombocytopenia)	yes no
14.	Low platelet count (thrombopathy/thrombocytopenia) Other Have you ever had an epileptic seizure during a fever or after a vaccination? If so, first call the GGD's Vaccination Medical Information Line at 088 767 40 80.	yes no
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Please note: Do you have an illness or are you taking any medications not included in this questionnaire? Then you can get vaccinated. You can find more information on the RIVM's website: rivm.nl/coronavaccinatie. If you still have questions, please call the GGD's Vaccination Medical Information Line at 088 767 40 80.

