

QUESTIONNAIRE About your child's health in relation to the coronavirus vaccination



Please beware: It is very important that you complete the questionnaire below and bring it with you to the vaccination location.

Is your child taking medication? If so, please bring a list of the medication your child is taking with you to the vaccination location.

Coronavirus

- 1** Has your child tested positive for coronavirus in the past 12 weeks? And has he/she had symptoms for more than one day as a result of being positive?
Examples: runny nose, cough, difficulty breathing, increased temperature or fever, loss of smell or taste. Yes No
- 2** Does your child have a fever of 38 degrees or higher at the moment? Yes No
- 3** Does your child have any symptoms consistent with coronavirus at the moment?
Examples: runny nose, cough, difficulty breathing, increased temperature or fever, loss of smell or taste. Yes No

If you have answered 'yes' to one of the questions 1 to 3, then your child cannot be vaccinated against coronavirus at this time.

Operations

- 4** Will your child have an operation under anesthesia within two days of the coronavirus vaccination? Yes No

If so, your child will have to receive the coronavirus vaccination after the operation.

Medical

- 5** Has your child ever fainted after a vaccination?
You can go to the vaccination location. There you will have a consultation with the vaccination doctor or nurse. Yes No
- 6** Has your child ever had a severe allergic reaction, for example to medication or food? Yes No

If so: to what?

- Has your child been treated for this? Yes No
You can go to the vaccination location. There you will have a consultation with the vaccination doctor.



- 7 Is your child taking blood thinners or medication to prevent their blood from clotting quickly? Yes No

Which blood thinner(s) did your child take in the past week?

If you do not know this, ask your doctor or pharmacy.

The pharmacy can provide you with a list of your child's blood thinners.

If you have answered 'yes' to one of the questions 5 to 7, you will need to have a consultation with the vaccination doctor at the vaccination location.

- 8 Does your child have a coagulation disorder? Yes No

If so: which one?

- Hemophilia Von Willebrand disease A deficiency of platelets
(thrombopathy/thrombocytopenia)

Other:

- 9 Has your child ever had an epileptic seizure from a fever or after a vaccination? Yes No

If you have answered 'yes' to one of the questions 8 or 9, please contact your family doctor.

Please Note:

If you have ticked one or more boxes with 'yes', you will –without exception– need to consult the vaccination doctor. Does your child have another illness or is he/she taking medication that is not listed in this questionnaire? In such cases your child may receive the coronavirus vaccination.

If you have any questions about this, you can call the toll-free number 0800 0800.