Coalition for vaccination in pharmacies

Stamp and name of medical facility

Patient's full name: ______________________________

PESEL or passport series and number: ______________________________

Contact telephone: ______________________________

Person authorised to contact in health matters ______________________________

Initial screening questionnaire before vaccination of an adult against pneumococci

The questionnaire should be completed before a visit at the vaccination clinic.

Answers to the questions below will enable the qualifying staff to decide if you can be safely vaccinated against pneumococci. Should anything be unclear, feel free to ask for explanations.

No.	Preliminary questions regarding exposure to COVID-19	YES	NO
1.	Have you had a positive result of a genetic or antigen test for SARS-CoV-2 infection in the last 14 days?	○	○
2.	Have you had a close contact in the last 14 days, or do you live with a person who had a positive result of a genetic or antigen test for SARS-CoV-2 infection, or do you live with a person who had COVID-19 symptoms in this period (specified in questions 3–5)?	○	○
3.	Have you had an increased body temperature or fever in the last 14 days?	○	○
4.	Have you had new persisting cough or more severe chronic cough due to a diagnosed chronic disease in the last 14 days?	○	○
5.	Do you have a cold, diarrhoea, vomiting today?	○	○

If you answer YES (positive) to any of the above questions, vaccination against influenza may be postponed. You should come in for vaccination when all the answers are NO (negative). Should you have any doubts, contact the vaccination clinic by telephone.

History-taking questionnaire before vaccination of an adult against pneumococci

No.	Questions on the state of health	YES	NO
1.	Do you feel sick today?	○	○
2.	Have you ever had a severe adverse reaction after vaccination? If yes, what kind?______________________	○	○
3.	Were you diagnosed with severe, generalised allergic reaction (anaphylactic shock) after vaccination, food, medication or insect bite in the past?	○	○
4.	Do you currently experience exacerbation of a chronic disease?	○	○
5.	Does your disease (e.g. HIV infection, leukaemia, cancer, asplenia) or medication taken compromise your immunity? E.g. immunosuppressive drugs, corticosteroids, cytostatics, agents preventing graft rejection, radiotherapy or biological treatment.	○	○

History-taking questionnaire before vaccination of an adult against pneumococci, continued

No.	Questions on the state of health	YES[a]	NO	I DON'T KNOW[a]
6. .	Do you have haemophilia or other serious coagulation disorders?	○	○	○
7.	Have you ever been vaccinated against pneumococci?	○	○	○
8.	Have you ever lost consciousness after vaccination or other medical procedure?	○	○	○

[a] The answer YES or I DON'T KNOW to any of the questions requires explanation by the staff qualifying for vaccination.
The answer YES to any of the questions 2-8 on the state of health is an indication for performing qualification by a doctor.

No.	Questions at the site of vaccination	YES	NO
1. .	Do you have any doubts regarding the questions asked?	○	○
2.	Have you received answers to your questions?		

Declaration

I declare that I have completed the questionnaire to the best of my knowledge and I give my voluntary consent to be vaccinated against pneumococci. I confirm that I have been provided with sufficient information on this vaccination and I have understood it. I have received answers to all my questions and I have understood the answers provided.

____

Date and legible signature

Qualified for vaccination/not qualified for vaccination (underline as appropriate) by:

______________________________ ______________________________

(legible signature of the qualifying person) Date / time

Information on vaccination ______________________________

Vaccine name/manufacturer______________________________

Batch number ______________________________

Expiry date ______________________________

Injection site: ○ Right arm ○ Left arm

Notes:

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Preparation and consultation: Prof. Adam Antczak, Mikołaj Konstanty, DPharm