

COVID-19 vaccine – Self declaration

Last updated: 23.11.23

| Surname, first name: | | | | |
|---|--|--|--|--|
| Date of birth and national ID number/ D number: | | | | |
| Address and postal code | | | | |

| ORI | MATION ABOUT YOUR HEALTH | YES | N |
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| 1. | Has the person in question been infected with the covid-19-virus in the last 3 months? It | | |
| | is medically recommended to wait 3 months after an infection with the covid-19-virus before | | |
| | getting a covid-19 vaccination. | | |
| 2. | Has the person in question already received one or more doses of the covid-19 | | |
| | vaccine? You should wait at least 3 months from your last covid-19 vaccination, before you | | |
| | can have your next covid-19 vaccine. A longer time-interval between doses, will give better | | |
| | protection. | | |
| 3. | Did the person in question experience any significant side-effects from the covid-19 | | |
| | vaccine beyond what was expected? If you are unsure about what side-effects are to be | | |
| | expected, check the Norwegian Institute of Public Health website. | | |
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| 4. | Do you or the person in question have a fever of more than 38 degrees, or cold or flu | | |
| | symptoms? If the answer is yes, vaccination should be withheld until fever has subsided, and | | |
| | you or the person in question feels well again. | | |
| 5. | Does the person in question have a bleeding disorder and is being treated with | | |
| | coagulation factor? If the person in question is being treated with coagulation factor, he/she | | |
| | should be vaccinated on the same day as the last dose of coagulation factor is given. | | |
| 6. | Has the person in question previously experienced an anaphylactic shock? Anaphylactic | | |
| - | shock is a severe allergic reaction that requires urgent health care, and is triggered by, for | | |
| | example, medicines, vaccines or food. | | |
| | example, medicines, vaccines of food. | | |
| 7. | Has the person question recently received any other vaccine than influenza vaccine in | | |
| | the last 7 days? | | |
| | Influenza vaccine and covid-19 vaccine can be taken on the same day or with a shorter | | |
| | interval. For other vaccines, 7 days must have passed before receiving the covid-19 vaccine. | | |
| 8. | Has the information under been given and understood? | | |
| | The vaccination will be registered at SYSVAK (Norway's national vaccine register), and | | |
| | this may take a couple of days to appear in the register. All vaccinations must be reported | | |
| | to SYSVAK, and are registered without consent. Healthcare personel have a duty to inform | | |
| | about this. Read more on NIPH (Norwegian Institute of Public Health) | | |
| 9. | 9. Information regarding pregnancy is given? The vaccine is recommended in the 2nd and | | |
| | 3rd trimester, due to higher risk in this part of the pregnancy. Vaccination in the 1st trimester | | |
| | can be considered if the pregnant woman has additional diseases that give a further increased | | |
| | risk. This also applies to those who have not previously been vaccinated. | | |

To be completed by the vaccinator if it is not documented in the electronic patient journal (EPJ)/Norwegian Immunisation Registry (SYSVAK) immediately:

| Date: | | | |
|--|-----------|--|--|
| Name of vaccine: | | | |
| Name of vaccinator: | | | |
| Batch/LOT number: | | | |
| Size of the dose: | | | |
| Reason for vaccination: 1. Risk group 2. Health | | | |
| professional 3. Other 4. Unknown reason | | | |
| Name (block letters) and sign requisitioner: | nature of | | |
| | | | |
| Name (block letters) and sign vaccinator: | nature of | | |