



Self-Declaration Form – Inactivated Vaccines

For example: COVID-19 vaccine, influenza vaccine, and pneumococcal vaccine.

Co-administration: The influenza, COVID-19, and pneumococcal vaccines can be administered at the same time. The COVID-19 and pneumococcal vaccines should be given in separate arms, while the influenza vaccine can be administered in either arm.

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

Information about your health	Yes	No
Do you have a fever over 38°C (100.4°F)? If yes, you must wait until you are well, with no signs of infection or fever, before receiving the vaccine.		
Have you received any other vaccines in the past 7 days? There should normally be a one-week interval between vaccines.		
Do you have a known allergy to eggs, or have you previously had a severe allergic reaction to a vaccine, food, medication, or other substances? If yes, you must be vaccinated with a doctor present and remain under observation for 1 hour after vaccination. General guideline: If you can eat eggs, you can receive the vaccine.		
Do you have a bleeding disorder or take medications that make you bleed easily? You can still receive the vaccine, but the injection site will be compressed for a longer period.		
Have you received information regarding pregnancy? As a precautionary measure, pregnant individuals are generally not vaccinated during the first trimester. Vaccination is usually postponed until the second or third trimester.		

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 personnel have a duty to inform about this. Read more on NIPH (Norwegian Institute of Public Health)

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 signature of requisitioner:	
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Name (block letters) and signature of vaccinator:	
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