

Health declaration prior HPV-vaccination

Personal number: _____

Name: _____

Date: _____

Be prepared to answer these questions orally at your vaccination.

If you are pregnant, you are not allowed to get vaccinated with HPV vaccin.

1. Are you pregnant? YES NO

You can vaccinate yourself with Covid19 and HPV vaccines at the same time.

2. Have you been vaccinated against Covid19 in the past 7 days? YES NO

The following questions may require caution and/or advice with a doctor before vaccination.

3. Have you ever had a severe allergic reaction that required you to seek medical attention? YES NO
4. Have you ever had a severe allergic reaction after vaccination? YES NO
5. Do you have an ongoing infection of any kind? YES NO
6. If you have answered yes to the previous question 5, what infection and symptoms do you have? Answer:

Do you have any of the following diseases or conditions?

7. Bleeding disorder (abundant bleeding)? YES NO
8. A chronic inflammatory disease such as rheumatic disease, psoriasis, inflammatory bowel disease or multiple sclerosis? YES NO
9. Do you have a current cancer diagnosis? YES NO

Are you taking any of the following medications?

10. Anticoagulants? YES NO
11. Chemotherapy? YES NO
12. Medication that may influence the immune system, such as cortisone? YES NO