

Health declaration prior HPV-vaccination

Personal number: _____

Name: _____

Date: _____

Be prepared to answer these questions orally at your vaccination.

If you are pregnant or vaccinated against Covid in the past 7 days, your HPV vaccination must be postponed.

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| 1. Are you pregnant? | YES | NO |
| 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.

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| 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?

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| 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?

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