



General Information on Vaccinations and Consent Form

A vaccination exposes your body to a pathogen, just as an infection would. The vaccination can no longer give rise to disease, but it does cause the immune system to produce specific defences (antibodies) that provide long-lasting protection against illness. During a subsequent infection, the immune system recognises the pathogen and is able to launch a targeted defence, preventing illness.

Risks and possible complications:

Although we do our best, side effects, and even (in exceptional cases) life-threatening complications can occur, which then require further medical attention. The following list of risks provides a general overview of possible side effects and complications. Which undesirable effects occur, and how likely they are to occur at all, depends on the vaccine being used, as well as on the age and state of health of the person being vaccinated. Pre-existing conditions and individual peculiarities can have a significant impact on the likelihood of complications. The probabilities cited represent a general estimate and can help us to weigh up the various risks. They are not equivalent to the definitions of side effects on the patient information leaflets provided with medications. We would encourage you to ask our doctors for more detail about the types and likelihood of undesirable effects of vaccines during your consultation.

General reactions and local complaints:

Within the first 1-3 days, redness, swelling, hardness, itching, pressure sensitivity, pain, tingling or burning sensations, and numbness are all very common at the vaccination site. In very rare cases, skin, soft tissue or nerve damage (such as an injection abscess, necrosis, nerve or vein irritation, or inflammation) can occur at the vaccination site. In general, these symptoms resolve themselves over time, or are easily treatable. Bruising, blood spots, and water retention (oedema), sometimes accompanied by a blueish tinge to the skin, can occasionally occur at the injection site. They do not require treatment and disappear entirely within a few days. Injury to nerves or blood vessels is very unusual. In very rare cases, long-term or permanent problems can occur, such as scarring, pain, tingling or burning sensations, numbness or paralysis. Granulomas (hard, nodular lumps) or cysts can sometimes form at the vaccination site in reaction to the solvent additives in the vaccine. These usually disappear without treatment. If they do not resolve themselves, or if they cause pressure pain, then surgical removal may be necessary.

Fever, shivering and sweating are common. Headaches, fatigue, drowsiness, discomfort, vomiting and diarrhea are also very common.

In infants and children aged between 12 and 24 months, irritability, drowsiness, sleep disturbance, loss of appetite and crying are also common. Muscle and joint pain is frequently reported, especially amongst older children and adults. As a rule, such vaccine reactions clear up fully within a few days without treatment.

Possible special side effects and complications:

Depending on the vaccine, minor intolerances, or hypersensitivity to vaccine components (such as traces of antibiotics or aluminium hydroxide), can occur. These reactions range from rare to frequent, and can present as anything from a minor skin rash to hives, particularly in individuals with a tendency to such reactions. In general, they resolve themselves or are easily treatable. In rare cases, facial swelling may occur. Dizziness, low blood pressure, and,



especially in those who are predisposed to them, fits requiring medical attention (usually febrile seizures, fainting, or in exceptional cases epileptic fits) are possible. After vaccination using an inactivated vaccine, in very rare cases, treatment may be required for breathing difficulties and seizures in the respiratory muscles (bronchospasm). Severe allergic reactions (acute circulatory shock) that require intensive medical care, and severe or lasting damage (such as organ failure, brain damage, or paralysis) are very unusual.

Very rarely indeed after vaccinations, symptoms such as a stiff neck, severe light sensitivity (photophobia) or visual disturbances have been reported. These symptoms can also result from meningitis (inflammation of the membranes surrounding the brain). As there is no evidence that a vaccine can cause meningitis, in this situation, it must be established whether a coincidental meningitis infection has been caused by something else. In extremely rare cases, lymph node problems, petechiae (blood spots), purpura, or a severe skin or mucous membrane condition involving a circular, red rash and blisters (erythema multiforme or Stevens-Johnson syndrome) can occur.

Who cannot be vaccinated?

Acutely unwell patients. In general, you can still be vaccinated if you have a mild illness without a temperature. If you are suffering from a fever of over 38°C, then the vaccination should be postponed and carried out soon after recovery. Patients with a known allergy to vaccine components, as well as patients who have shown signs of hypersensitivity to a prior vaccination.

Vaccination can only take place with particular caution in patients with thrombocytopenia (reduced platelet count) or a bleeding tendency, as well as those who take anti-clotting medications. They may only be vaccinated after the risks and benefits have been carefully considered.

Is it possible to be vaccinated while pregnant or lactating?

Pregnant and lactating patients can only be vaccinated after the risks and benefits have been carefully weighed up, because there is usually insufficient data available.

Useful advice:

In the first few days after a vaccination, where possible, avoid undue physical exertion. Wait 15 minutes after your vaccination in the practice or clinic for observation: sometimes, patients can faint after vaccination.

Please seek immediate medical attention if you experience any health problems within four weeks after your vaccination, beyond a mild vaccine reaction (for example, if you develop a fever, long-lasting pain, persistent skin redness or other complaints). The doctor must then establish whether the symptoms are due to the vaccination or an illness that requires treatment.

If you have any further questions, or special questions, then our vaccinating doctors will be pleased to discuss them with you during your consultation.

Please keep your vaccination card in a safe place.



Please fill out this page and the vaccination questionnaire overleaf carefully and sign them.

Pages 3 and 4 will be kept on file by the practice.

Vaccination Questionnaire and Consent Form

| | |
|----------------------|--|
| Surname: | |
| First Name: | |
| Date of Birth | |
| Destination country: | |

To help us assess the risk of possible vaccine side effects, and to ensure there are no contraindications, please answer the following questions. These questions refer to the patient being vaccinated. By answering them with care, you will help the doctor to identify possible vaccination risks:

My doctor has given me comprehensive information about possible risks and side effects. **I have understood it** and feel that I am sufficiently well-informed. I have no further questions, I do not need more time to think, and I consent to the planned vaccinations. I also consent to unforeseen, medically necessary changes to or amendments to my treatment, as well as additional or follow-up interventions.

I am aware of the steps I need to take (such as refraining from undue exertion) **and will follow** the instructions I have been given.

| | |
|---------------------------------|--------|
| Place: | Vienna |
| Date: | |
| Patient or legal representative | |
| Doctor | |



| <i>The following questionnaire will help your doctor to carry out a risk assessment.</i> | YES | NO |
|--|-----|----|
| Do you have, or have you ever had, a sensitivity (or allergic reaction) to a vaccine or vaccines? | | |
| Do you have, or have you ever had, a sensitivity (or allergy) to chicken (egg) protein? | | |
| Have you had a temperature or fever in the past few days? | | |
| Do you have a chronic or autoimmune condition? | | |
| If yes, please specify: | | |
| | | |
| Do you take any medication regularly? | | |
| If yes, please specify: | | |
| | | |
| Do you receive, or have you received, immunoglobulin or blood products containing immunoglobulin, such as blood or plasma, within the past three months? | | |
| Have you received any vaccinations in the past four weeks? | | |
| If so, which? | | |
| | | |
| Have you ever fainted or felt weak after vaccinations in the past? | | |
| Do you have an operation planned in the next three days? | | |
| Are you pregnant or lactating, or do you plan to become pregnant within the next four weeks? | | |

I have answered the questions above as completely and accurately as I can:

| | |
|---------------------------------|--------|
| Place: | Vienna |
| Date: | |
| Patient or legal representative | |