

→ Questionnaire, information and consent

Consultation Hour for Covid 19 vaccination

Personal details of the person to be vaccinated (please fill in block letters)

Surname: First Name:
 Gender: m w Date of birth:
 Street/No.: Postcode/City:
 E-mail: Mobile:

Please do not answer the following questions until the day of vaccination.

Questionnaire	Yes	No
For women: Are you pregnant or possibly pregnant? Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced serious reactions from previous vaccinations?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any allergies to vaccines or other severe allergies (with allergic shock)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any known immunosuppression / immunodeficiency / (e.g. as a result of chemotherapy or antibody therapy)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an underlying condition that increases your risk for severe COVID-19 disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a fever?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently acutely ill (e.g. with symptoms of Covid-19/coronavirus infection)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with Covid-19/coronavirus infection in the past or recently? If so, when?	<input type="checkbox"/>	<input type="checkbox"/>
Have you already been vaccinated against Covid-19? If so, how many times have you been vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>
With which vaccine? Date of last vaccination:		

to be filled in by the doctor:

Initials Doctor: _____

valid Covid-19 proof in the last 6 months

Previous COVID-19 vaccinations: number of doses _____

Vaccine currently administered: Spikevax® Comirnaty® Nuvaxovid

Informed and agrees with: Off-Label-Use Off-Recommendation-Use

Self-payer: Yes No

Information and disclosure about the Covid-19 vaccination

I have been informed about the FOPH's "Information on Covid-19 vaccination" (fall/winter 2023). In particular, I was informed about the following points:

1. Protection from Covid-19 vaccination does not replace any protective measures recommended by the authorities.
2. Side effects such as redness, swelling and pain at the injection site, malaise, mild headache, fatigue, muscle and joint pain, fever, nausea and vomiting may occur.
If in doubt, consult a doctor. ***In the event of sudden chest pain, shortness of breath or noticeable palpitations as well as skin bleeding or bruising, painful swelling outside the vaccination site, abdominal pain, shortness of breath, very severe headache, blurred vision, seizures or other threatening symptoms, a medical assessment should be carried out immediately.***
3. Allergic reactions, especially in known allergy sufferers, have been described.
4. The vaccinated remain on site for at least 5 to 15 minutes after vaccination for observation.
5. The risk of severe Covid-19 infection with complications is higher than the likelihood of serious side effects of vaccination.

Information and disclosure regarding "off-label use" and/or "off-recommendation use" when vaccinating with the authorized XBB.1.5-Covid-19 vaccines from Moderna, Pfizer and Novavax

The Zuger Kantonsspital is guided by the current authorization information from Swissmedic as well as the vaccination recommendations of the Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination (FCV). In the following cases, vaccination is carried out as "off-label use" outside the currently valid authorization by Swissmedic and/or as "off-recommendation use" outside the currently valid recommendation of the FOPH and EKIF (non-exhaustive list):

- Primary immunization with several doses in previously unvaccinated patients who are not severely immunocompromised
- Basic immunization with 3 doses of Spikevax® XBB.1.5 or Nuvaxovid® XBB.1.5 in severely immunosuppressed, previously unvaccinated persons <30 years of age (Comirnaty® XBB.1.5 is recommended in this situation)
- Vaccination earlier than 6 months after the last vaccination or earlier than 6 months after a documented COVID-19 infection
- Vaccination with Nuvaxovid® XBB.1.5 for subjects under 18 years of age or pregnant or breastfeeding women
- Vaccination with Spikevax® XBB.1.5 in subjects under 18 years of age
- Vaccination with Comirnaty® XBB.1.5 in subjects under 12 years of age

The Swiss Confederation will only cover the costs for vaccinations against Covid-19 with a vaccination schedule according to the current recommendations of the Federal Office of Public Health (FOPH) and the Federal Commission for Vaccination (FCV). Without a corresponding recommendation, the costs of the vaccination must be paid by the patient.

In the case of vaccination schemes recommended by the authorities, including those with "off-label use", the subsidiary liability of the federal government under the Epidemics Act (default liability) may apply in addition to the liability of the vaccine manufacturer (product liability) and the Zuger Kantonsspital (contract liability).

In the case of a vaccination that is neither approved nor officially recommended ("off-label use" and "off-recommendation use"), the product liability of the vaccine manufacturer, any subsidiary liability of the federal government under the Epidemics Act (default liability) and the liability of the Zuger Kantonsspital for any damages, unless they are due to improper administration of the vaccine, are completely waived.

Consent of the person to be vaccinated

I had the opportunity to clarify existing questions and was informed about the effects and possible side effects of the vaccinations and medications administered. I have also been informed about possible "off-label use" and/or "off-recommendation use" of the Covid-19 vaccine from Moderna, Pfizer or Novavax.

I have no further questions and agree to the vaccination(s) recommended to me by the doctor and to any "off-label use" and/or "off-recommendation use".

With my signature, I also confirm the correctness of the information I provided in the questionnaire on page 1.

I have taken note of the fact that Covid-19 vaccination is only free of charge if there is a corresponding recommendation from the Federal Commission for Vaccination (FCV) (Art. 64d^{bis} of the Epidemics Act). I have been informed about the price of the vaccination in the absence of a recommendation by the FCV and agree to pay it on site (payment only possible by EC, credit card or Twint; no cash payment).

If needed, I agree that the Zuger Kantonsspital is entitled to check the cantonal database for Covid-19 vaccinations to find out when, where and with which Covid-19 vaccine I was vaccinated in the canton of Zug. I take note that the Zuger Kantonsspital does not have access to vaccination databases of other cantons.

Vaccination certificates are no longer issued. For travel abroad, it is recommended to carry an international vaccination card with the COVID-19 vaccination records.

I agree that my above-mentioned administrative and medical data will be stored by the Zuger Kantonsspital and further processed in connection with my vaccination.

Substantive Swiss law shall apply to the exclusion of conflict of laws. The place of jurisdiction is Baar (Switzerland).

Date:

Signature:
(for children aged 5 to 11 years: signature of the parents or legal guardians)